

CLIENTS' EXPERIENCE OF THE THERAPEUTIC RELATIONSHIP AND A  
COUNSELOR'S WAY OF BEING ON THE RESOLUTION OF RELIGIOUS AND  
SPIRITUAL STRUGGLES: A HERMENEUTICAL PHENOMENOLOGICAL STUDY

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## **Chapter 1**

### **Introduction**

No one is immune to adversity. Distressful events are a certainty, and they impact individuals on multiple levels. Major life events often destabilize people's psychological state, alter their social networks, and challenge their most basic beliefs about the world (Pargament, Smith, Koenig, & Perez, 1998). Although researchers focused a great deal of attention on how adverse events lead to growth or decline on psychological, social, or physical levels, they have conducted scant amounts of research on how adversity influences one's spiritual trajectory (Pargament, 2013). Given that the majority of Americans identify as religious or spiritual, this oversight in the literature is significant (Post & Wade, 2009). For people whose religion and spirituality define their identity and shape their worldview, adversity can threaten them at their very core by calling into question everything they hold as sacred (Abu-Raiya, Pargament, Krause, & Ironson, 2015). These distressing events can challenge their relationship to the sacred itself, leading individuals through a season of great spiritual struggle and psychological suffering (Pargament, 2002). For some, this journey through the spiritual wilderness leads to powerful life transformation. For others, the outcome may result in spiritual disengagement and poor mental health (Ellison & Lee, 2010).

In times of stressful life transition or amidst distressing events, people often turn toward existing religious beliefs as a form of coping (Pargament et al., 1998). When peoples' religious and spiritual (r/s) beliefs prove inadequate to explain or provide a sense of meaning to these stressful experiences, they enter into a time of r/s struggle. Unresolved, these r/s struggles lead to a host of negative psychological outcomes. Studies show that r/s struggles are positively associated with depression and anxiety (Abu-Raiya, Pargament,

Krause et al., 2015), poorer mental health (Ellison & Lee, 2010), increased likelihood for addiction (Faigin, Pargament, & Abu-Raiya, 2014) and psychological distress (Ano & Vasconcelles, 2005). Given the potential psychological repercussions, the need to understand what leads some individuals to grow in the midst of r/s struggles while others continue to decline is critical.

Though religiousness plays a predictive role in who might encounter times of significant r/s struggle, the research demonstrates that all individuals, regardless of level of religious commitment, may be susceptible at various points along the lifespan (Abu-Raiya, Pargament, Krause et al., 2015). Those in transitional, developmental periods are likely to encounter r/s struggles (Faigin et al., 2014), as are those experiencing high levels of psychological distress (Warner, Mahoney, & Krumrei, 2009). In fact, even those who claim to have no religious affiliation or faith in the divine report experiencing r/s struggles occasionally, especially in the face of seemingly unresolvable and incomprehensible adversity (Abu-Raiya, Pargament, Krause et al., 2015; Exline, Park, Smyth, & Carey, 2011)

One might assume that people struggling spiritually would seek out spiritual or religious leaders, ministers, or members of the clergy to address these issues and while this assumption is true, the research highlights that many of these individuals seek out secular therapists as well. Practically, secular therapists outnumber pastoral counselors and spiritual directors almost 100-fold making psychotherapy a more available option for many seeking help (Sperry, 2013). In addition, the majority of clients who seek out psychotherapy expect to be able to talk about r/s concerns with their therapists with only a small percentage reporting a preference to discuss such matters exclusively with a member of the clergy (Post & Wade, 2009). Therefore, psychotherapists must be prepared to discuss r/s matters with

clients and not expect clients to reserve these areas of the healing process for religious helpers (Abu-Raiya, Pargament, & Exline, 2015; Rose, Westefeld, & Ansely, 2001).

Given the prevalence and potential negative impacts of r/s struggles, therapists need to understand this phenomenon so they can acquire the skills necessary to walk alongside clients during these times of spiritual darkness in a way that results in growth and increased well-being. To date, research in this area is mainly quantitative and only helps therapists understand what predicts r/s struggles (Ano & Pargament, 2013; Rockenbach, Walker, & Luzader, 2012; Wilt, Grubbs, Pargament, & Exline, 2017), their outcomes (Desai & Pargament, 2015), and their prevalence (Abu-Raiya, Pargament, Krause et al., 2015; Johnson & Hayes, 2003). What remains unclear are the pathways these individuals take that lead to either growth or decline and how the counseling relationship influences these pathways. Qualitative data could be helpful to therapists, as it allows them to hear clients describe in their own voices their experience of therapy and how this experience either helped or hindered their resolution of r/s struggles. To address this gap in the literature, this hermeneutical phenomenological study aims to understand how clients' lived experience of therapy, specifically their experience of the therapeutic relationship and the person of the counselor, influences the pathways they take towards either growth or decline in the midst of r/s struggles so that counselors can be better equipped to help clients.

### **Statement of the Problem**

“There are no atheists in foxholes,” or so the familiar adage claims. Although empirically unverifiable, this expression highlights how adversity can force a person into a season of existential questioning. Anyone, at any time, may question his or her sacred understanding of the world, especially when prior frameworks are no longer capable of

housing explanations for seemingly unresolvable and incomprehensible experiences.

Therefore, r/s struggles are not reserved for the religious, making them a concern within the general population as well (Abu-Raiya, Pargament, Krause, et al., 2015). Left unresolved, r/s struggles can have a negative impact on mental health, general well-being, and adaption to interpersonal stressors.

Given the destabilizing nature of r/s struggles, individuals in the midst of them often manifest symptoms of psychological distress. Research demonstrates that r/s struggles correlate strongly with depression (Abu-Raiya, Pargament, Krause, et al., 2015; Ano & Vasconcelles, 2005), and anxiety (Bryant & Astin, 2008). For individuals who have experienced severe trauma, not only are r/s struggles more likely to occur, but they also result in higher levels of PTSD symptoms (Gerber, Boals, & Schuettler, 2011). In addition, researchers have linked more serious forms of psychopathology such as phobic anxiety, paranoid ideation, obsessive-compulsiveness, and somatization (McConnell, Pargament, Ellison, & Flannelly, 2006) to r/s struggle.

Not only do r/s struggles lead to psychological hardship but also to decreased well-being. Individuals struggling spiritually report less satisfaction with life and do not classify themselves as happy (Abu-Raiya, Pargament, Krause, et al., 2015). College students experiencing r/s struggles exhibit less confidence in their intellectual, personal, and social abilities, making this developmental time difficult to traverse (Bryant & Astin, 2008). Among the elderly, r/s struggles are linked to poorer quality of life, especially in areas of general functioning such as the ability to perform activities of daily living like bathing and dressing (Pargament, Koenig, Tarakeshwar, & Hahn, 2001). In the realm of physical health, research highlights the link between r/s struggles and decreased cognitive functioning

(Pargament, Koenig, Tarakeshwar & Hahn, 2004), diminished overall health (Bryant & Astin, 2008), and poorer recovery during rehabilitation (Fitchett, Rybarczyk, DeMarco & Nicholas, 1999). Perhaps most disconcerting is the association of r/s struggles with mortality among elderly patients utilizing inpatient services (Pargament et al., 2001).

Religious and spiritual struggles also influence how well individuals adapt to interpersonal stressors (Exline, 2013). Individuals experiencing distress associated with divorce (Krumrei, Mahoney, & Pargament, 2011), sexual abuse (Murray-Swank & Pargament, 2005), and intimate partner violence (Bradley, Schwartz, & Kaslow, 2005) report more difficulty adapting when r/s struggles are present. When dealing with cancer and bereavement, individuals who struggle spiritually express decreased abilities to adjust to their illness and utilize positive coping methods (Exline et al., 2011). In addition, r/s struggles act as risk factors for addiction in college freshman (Faigin et al., 2014).

Current research demonstrates that not only do r/s struggles impact the population at large but also lead to great psychological and physical distress. To leave r/s struggles unresolved is to subject individuals to increased depression and anxiety, diminished health, and difficulty adapting to interpersonal stressors. Only with further research will helping professionals have the knowledge and tools necessary to address these destabilizing struggles. By addressing certain gaps in the literature, especially through qualitative means, researchers can add to this growing body of knowledge and better prepare these professionals to walk alongside individuals who are experiencing r/s struggles.

### **Research Questions**

Given the wealth of harm that can come as a result of r/s struggles, the need to understand how individuals resolve them is great. Researchers, especially in the domain of

psychology of religion, have responded to this urgent call by identifying the prevalence, types, predictors, and outcomes of r/s struggles. However, the majority of this research remains quantitative in nature and leaves several important questions unanswered. In particular, researchers have not investigated rigorously the pathways towards growth or decline that individuals take in the midst of r/s struggles. Additionally, although many individuals seek out mental health professionals during times of distress, research on how counseling, specifically the counseling relationship, helps clients resolve r/s struggles remains scant. To address these gaps in the literature, I will explore the following questions:

Q1: What are the pathways that clients take towards growth or decline in the midst of r/s struggles?

Q2: How does the client's experience of the therapeutic relationship influence these pathways?

Q3: How does the client's experience of the counselor's way of being influence these pathways?

By investigating r/s struggle resolution from the perspective of clients in therapy, I hope to add depth to the existing research. Such knowledge can greatly benefit those in the helping professions by providing valuable insight into how the counseling relationship and the person of the counselor affect client pathways towards growth or decline.

### **Significance of the Problem**

Given the prevalence of r/s struggles among the general population (Desai & Pargament, 2015) and the rising percentage of individuals seeking therapy (Chamberlain, 2004; Reilly, 2018), findings from this qualitative study could have both theoretical and practical significance. Theoretically, the concept of r/s struggles comes out of the religious

coping literature (Pargament, 1997). Researchers discovered that individuals in times of distress often utilized religious coping strategies. Although researchers initially focused on the benefits of religious coping, they later discovered a dark side (Ellison & Lee, 2010). Negative religious coping, or r/s struggles, often resulted in greater levels of psychological distress, a finding that compelled researchers to investigate further. Since that time, researchers have identified the predictors, prevalence, types, and outcomes of r/s struggles (Exline, 2013). This wealth of data has allowed researchers and clinicians alike to identify who might experience r/s struggles and to predict outcomes. However, what the majority of these data does not speak to is the pathways or trajectories that individuals take towards either growth or decline (Desai & Pargament, 2015; Keith, 2017). In other words, how and why individuals experience either growth or decline as a result of encountering r/s struggles remains unclear. Findings from this hermeneutical phenomenological study could address this question and provide valuable additions to the coping literature.

In addition, given this study's emphasis on the impact of the therapeutic relationship and the counselor's way of being in influencing client pathways, findings could shed considerable light on common factors research. Common factors research looks for common elements across all therapeutic orientations that influence client change (Fife, Whiting, Bradford, & Davis, 2014). Recent studies demonstrate that the strength of the therapeutic alliance, as perceived by the client, is the strongest predictor of positive outcomes, making it the most important common factor (Andrews, 2001; Duff & Bedi, 2010; Flückiger, Del Re, Wampold, & Horvath, 2018; Horvath, 2001). When looking at what forecasts a strong therapeutic relationship, the theoretical construct of a counselor's way of being appears to be most influential (Fife et al., 2014). The current study could add significantly to this

conversation by allowing clients to speak to the influence of the counselor and the therapeutic relationship in the resolution of their r/s struggles.

In addition to theoretical contributions, findings from this study could have great practical significance as well. Ethical codes and best practices mandate that counselors develop multicultural competency in order to better address clients' needs (American Counseling Association, 2014). Developing competency in the domain of religion and spirituality falls under this umbrella (Vieten et al., 2016). Results from this study could provide valuable information that would help to prepare counselors to work with clients struggling in these areas. Furthermore, these findings could help therapists shape interventions that would be useful to those in the helping professions. Currently, a handful of interventions exist for aiding clients who are experiencing r/s struggles, but researchers, not practitioners, developed them (Gear, Krumrei, & Pargament, 2009; Murray-Swank & Pargament, 2005). Given that I will seek information from the clients' perspectives, this study has the potential to allow practice to inform research findings. More practice-based research could add greatly to the current knowledge base surrounding r/s struggles and could provide confidence for practitioners that certain interventions have proven efficacy within actual client populations (Barkham & Mellor-Clark, 2003; Pargament, 2007).

In the past 10 years, the body of knowledge surrounding r/s struggles has grown tremendously (Exline, 2013). Researchers have identified several important aspects of this phenomenon and in doing so have brought needed attention to this critical issue. However, much remains unknown. The present study will contribute to these gaps by adding to the field's theoretical knowledge of religious coping and common factors research. In addition, and perhaps more importantly, this study will help to increase counselor competency by

equipping therapists with the awareness, tools, and interpersonal skills needed to facilitate client growth in the midst of r/s struggles.

### **Definitions of Important Terms**

#### **Pathway**

Pathways are the ways individuals attempt to maintain and nurture a relationship with the sacred (Pargament, 2007). These pathways are built through various r/s expressions such as spiritual practices, acquiring r/s knowledge, experiences with the sacred, and engaging in relationships within r/s communities. Pathways grow and evolve over time as individuals mature and circumstances change. When adversity strikes, spiritual coping becomes an essential part of the individual's pathway (Pargament, 2013). Said differently, the pathway moves towards either connection with the sacred or disconnection based upon the spiritual resources people draw on during times of r/s struggle.

#### **Religion/Spirituality**

In early definitions, theorists did not differentiate between religion and spirituality (Hill et al., 2000). In other words, a traditional definition of religion encompassed all aspects of belief, practice, and experience associated with the divine. However, with the growth of secularism in the 20<sup>th</sup> century, people expressed more skepticism of authoritarian institutions including religious ones. This disillusionment led many to differentiate between spirituality and religion, attributing positive connotations to spirituality and negative ones to religion. Current conceptualizations maintain this distinction by defining religion narrowly in institutional terms, as a system of beliefs and practices, and spirituality more broadly as personal and experiential phenomenon (Hill et al., 2000; Roehlkepartain, Benson, King, & Wagener, 2006).

For purposes of this study, I align with theorists who are attempting to highlight the commonalities of the two concepts while also embracing their differences (Roehlkepartain et al., 2006). Spirituality is “the search for the sacred” (Pargament, 2013, p. 271). Religion, also a search process, is not separate from spirituality but is encompassed within it. In other words, religion is the context within which people search for the sacred by creating institutions, rituals, doctrines, and beliefs that unite adherents to these systems and to each other (Roehlkepartain et al., 2006). However, given contemporary distinctions, individuals can be religious and spiritual, spiritual but not religious, or neither spiritual nor religious. For the purposes of this study, I will use the term religious/spiritual (r/s) as they often overlap in meaning and co-occur in the realm of individual experience (Hill et al., 2000). When I refer to either term in isolation, I will do so to indicate that I am discussing one concept to the exclusion of the other.

### **Religious and Spiritual Struggles (R/S Struggles)**

Religious and spiritual struggles arise when life stressors call into question spirituality itself (Abuy-Raiya, Pargament, Krause et al., 2015). In the midst of distressing events, individuals begin to question their most fundamental beliefs about what they consider sacred. Religious and spiritual struggles are “expressions of conflict, question and doubt regarding matters of faith, God, and religious relationships” (McConnell et al., 2006, p. 1470).

Following the definition of religion and spirituality, r/s struggles will incorporate both concepts into one single conceptualization. However, in doing so, I am not denying that some struggles are more spiritual in nature while others are more religiously motivated (see Literature review for further elaboration). By interconnecting the two terms, I choose to

highlight how the two types of struggle often overlap (Exline, 2013). When necessary, I differentiate between the two types of struggle.

### **Religious Orienting System**

In Pargament's (1997) conceptualization of religious coping, the religious orienting system (ROS) is a multidimensional system made up of social, personal, and religious experiences and resources that people deploy during times of adversity. Individuals have differing sizes and strengths of their ROS. Stronger orienting systems result in individuals dealing more effectively with stress, while weaker orienting systems leave people more susceptible to distress.

### **Sacred**

In Pargament's (2013) conceptualization, the sacred includes, but is not limited to, personal understandings of God, higher powers, and transcendent reality. Beyond these traditional ideas, the sacred also encompasses any element of life that individuals infuse with sacred connotations. This process of consecration occurs when individuals, in their spiritual search, discover aspects of life that they experience as sacred and continue throughout the lifespan to sustain a relationship with them. Examples of the sacred that fall outside of a specific religious context would include virtues, relationships such as marriage, and the physical world (Abu-Raiya, Pargament, Krause et al., 2015).

### **Way of Being**

A theoretical construct that refers to the attitude or manner in which therapists convey their true selves to clients (Fife et al., 2014). A counselor's way of being influences how clients experience the counselor. Although seemingly abstract, this construct highlights the in-the-moment attitude the counselor has towards a client and describes how therapists

communicate to clients their value as unique individuals (Anderson, 2007a). A counselor's way of being is foundational to effective therapy, especially the building and fostering of the therapeutic relationship (Fife et al., 2014).

### **Summary**

Adversity is inevitable. During these periods of distress, many individuals question their most sacred understandings of the world, making r/s struggles a common experience. Research in this critical area reveals that unresolved r/s struggles can lead to poor mental and physical health. As such, researchers have expended large amounts of energy identifying the types, predictors, and outcomes of r/s struggles. However, researchers have not utilized qualitative methods to understand at a deeper level the pathways that individuals take towards either growth or decline in the midst of these struggles.

Given that many individuals in distress seek out mental health professionals, therapists could benefit from a deeper understanding of clients' experience in therapy and how the counselor-client relationship helps clients resolve r/s struggles in a way that leads to growth. Therapists need to know what impacts the trajectories clients take, why some clients grow through r/s struggles and others decline. By hearing from clients and learning from their experiences in therapy, counselors could develop skills and approaches that would enable them to walk alongside individuals during these painful times of doubt and uncertainty.

The purpose of this study is to investigate the clients' lived experience of the counselor-client relationship and the person of the counselor and how this relationship influences the different pathways clients take towards resolving r/s struggles. To contextualize the study, I will discuss the history of religion and spirituality within the field

of counseling, identify the guiding theoretical frameworks, and highlight current and relevant literature.

## **Chapter 2**

### **Literature Review**

Nested within an on-going story of ambivalence and strain between psychology and religion, this hermeneutic phenomenological study draws from a couple of key theoretical frameworks—coping theory and common factor theory. First, given that the conceptualization of r/s struggles grew out of the religious coping literature, this area of research is paramount. Second, common factors research investigates the mechanisms of client change and as such greatly informs the context of the study—the counseling room. These theoretical frameworks lay the groundwork for the hermeneutical phenomenological approach to the study’s research questions focusing on how clients’ lived experiences of the counseling relationship and the person of the counselor influences their pathways towards growth or decline in the midst of r/s struggles.

### **Background of the Study**

The relationship between psychology and religion has always been a tense one. Although early founders of psychology such as William James naturally included spirituality in their research and study of the psyche, the turn towards positivism in the early 20<sup>th</sup> century brought with it an antagonistic perspective on all things religious (King, Woody, & Viney, 2013). Freud, in his attempt to solidify psychology as a science, rejected the mystical and religious, conceptualizing religion as an illusion and manifestation of neurosis (Rubin, 1999). Others followed suit referring to religion as everything from fiction to an irrational disturbance (Nielsen & Ellis, 1994). As a result, the field of psychology became populated with researchers, theorists, and practitioners who, in general, discounted religion and spirituality as meaningful aspects of the human experience.

This predilection among therapists for dismissing or devaluing matters related to the sacred is problematic as religion and spirituality continues to be important to the large majority of Americans. According to Gallup (2015), 79% to 88% of Americans report that religion is either “very important” or “fairly important” to them with over 92% of the population claiming to believe in God. In addition, for individuals who claim no specific religious affiliation, more than 50% identify as religious or spiritual. A third of this unaffiliated group state that they are “spiritual but not religious.” Not surprisingly, when clients enter into a therapeutic setting, they do not leave their r/s beliefs and practices at the door nor do they want to. Studies reveal that clients want their therapists to ask about their r/s beliefs (Post & Wade, 2009) as they believe that matters of faith and practice are appropriate topics for exploration (Rose et al., 2001). Given the field’s ambivalence towards religion and spirituality and the fact that therapists as a group are much less religious than their clients, the move towards addressing this domain of the human experience has been slow (Vietan et al., 2016).

Over the past couple of decades, the field’s emphasis on multicultural competence has opened the door for a new acknowledgement of the importance of religion and spirituality within the therapeutic setting (Post & Wade, 2009). Vietan et al. (2016) polled 272 licensed psychotherapists to investigate whether or not those in the mental health community viewed training in matters of religion and spirituality as necessary to developing cultural competence. They discovered that the large majority, 70% to 90%, of respondents believed that therapists should not only get training in matters of religion and spirituality but also demonstrate competency in this area. When asked if training in r/s competencies was a part of their academic experience, 80% of respondents reported receiving little or no training

in this domain. This study confirmed the findings by other researchers that revealed a lack of adequate training in this vital area of multicultural competence within therapist training programs (Brawer, Handal, Fabricatore, Roberts, & Wajda-Johnston, 2002; Oxhandler & Pargament, 2018; Schafer, Handal, Brawer, & Ubinger, 2011).

Even with a burgeoning awareness of the need to address r/s issues, therapists struggled to embrace the benefits and distinctiveness of spirituality as a therapeutic factor (Pargament, 2002). Because most of the research on religion focused on its efficacy in the psychosocial realm, researchers oversimplified r/s constructs, focusing mainly on global measures of religiousness and spirituality to the neglect of deeper aspects (Faigin et al., 2014). As a result, many social scientists concluded that r/s phenomena are artifacts or by-products of other constructs (Roehlkepartain et al., 2006). Drawing from this research, therapists believed that addressing matters of religion and spirituality were synonymous with addressing these related constructs. For example, after reading about the correlation between church attendance and increased well-being, therapists attributed this positive outcome to social support and neglected to address the underlying motivation of why most religious people attend church—to nurture a connection with the sacred. This oversight led to a general dismissal of the benefits and challenges associated with individual's r/s beliefs and practices and left many to question whether or not therapists, in general, were culturally competent in the area of spirituality (Oxhandler & Pargament, 2018; Vieten et al., 2016).

Researchers in the field of psychology of religion took this critique seriously and began to explore how religion and spirituality as a distinctive process contributed to psychological and physical health (Abu-Raiya, Pargament, & Krause, 2016). However, given the research driven rather than practitioner driven focus, the findings were not based

upon clinical populations, making the results not particularly helpful for clinicians (Pargament, 2007; Rose et al., 2001). Researchers have been left with much to do in this area in order to equip therapists to walk alongside clients experiencing r/s distress.

By exploring how the counselor-client relationship and the person of the counselor influences the way clients deal with r/s struggles, this hermeneutical phenomenological study will help reverse this trend and provide therapists with findings from clients' actual experiences. To situate the study within its significant theoretical frameworks, I will address the literature in the following domains: religious coping and common factors.

### **Religious Coping**

Although the link between religiousness and health surfaced in several domains of research, this correlation was evident especially in the coping literature (Pargament, 1997). Individuals in the midst of adversity and stress often attempted to navigate these difficult waters by translating their r/s beliefs and practices into specific types of coping (Pargament et al., 1998). At times, individuals employed strategies that were beneficial and led to growth. Obviously, at times the opposite was true with individuals unable to access helpful religious coping and thereby experiencing emotional and psychological decline. Researchers coined the term *r/s struggle* to designate this negative religious coping, opening up a new domain of study within the coping literature (Exline, 2013).

To provide a comprehensive review of this construct, I will begin by discussing the concept of the religious orienting system as it provides the conceptual background for the term. Then, I will explore the impact and nature of r/s struggles, highlighting how these findings led to specific interventions. Finally, I will identify the remaining gaps in the literature, especially related to r/s struggles within clinical populations.

## **Religious Orienting System**

In the midst of hardship, individuals attempt to cope in various ways. Which coping mechanisms individuals have access to and how they employ them are the result of what Pargament (1997) identifies as the general orienting system. An individual's orienting system is a collection of resources and experiences that one accesses during difficult times.

Theoretically, the general orienting system contains three elements that together combine to create an individual's coping repertoire (Desai & Pargament, 2015). One element is social and includes support networks and interpersonal relationships. Another element is personal and includes aspects such as one's personality and interactions within multiple systems. The third element is religious in nature and includes beliefs, values, practices, and actions. When this third element is a major contributing factor to the orienting system, the individual is more compelled to utilize religious coping strategies and finds them more readily available (Ano & Pargament, 2013). This religious orienting system (ROS) allows for individuals to make sense of major life events within the context of their most sacred beliefs (Pargament, 1997).

The strength of individuals' ROS depends on the type of coping they are able to access (Ano & Pargament, 2013). A strong ROS has a large repertoire of positive religious coping which consists of strategies such as benevolent religious appraisals, collaborative religious coping, meaning-making, and spiritual connection (Pargament et al., 1998). Individuals with a weaker ROS cannot access these positive strategies as effectively and instead employ negative ones such as appraisals that view God as punishing them or that view demonic activity as the cause of the adversity. Although most individuals utilize a mixture of positive and negative religious coping, those with a stronger ROS usually

experience growth as a result of their struggles (Abu-Raiya, Pargament, & Exline, 2015). Individuals with a weaker ROS often do not fare as well. When either negative religious coping overwhelms other positive strategies or when the adversity proves too large for current religious coping, individuals enter into a time of r/s struggles (Ano & Pargament, 2013).

### **Religious and Spiritual Struggles**

Within the last decade, the amount of research in the area of r/s struggles skyrocketed. Initial stages of research focused primarily on investigating the link between r/s struggles and emotional and physical well-being (Exline, 2013). After recognizing the potential harmful impact of unaddressed r/s struggles, researchers went on to identify the types, predictors, prevalence, and distinctiveness of r/s struggles. Findings in these areas compelled researchers to design studies that helped them understand the process of r/s struggles and how they resulted in either growth or decline. As a result, studies in the later stages of research included evaluating interventions designed to address r/s struggles, defining r/s resolution, and investigating potential growth benefits (Exline, 2013). To provide a general, yet comprehensive overview, I will highlight important findings in the early and later stages of r/s struggle literature.

**Links with emotional and physical well-being.** The initial wave of research focused on investigating the links between r/s struggles and emotional and physical well-being (Exline, 2013). Concerning mental health, researchers discovered that r/s struggles correlated strongly with depression, generalized anxiety, and distress (Abu-Raiya, Pargament, Krause, et al., 2015; Ano & Vasconcelles, 2005, Bryant & Astin, 2008; Exline et al., 2011; Fitchett et al., 2004). For individuals who experienced r/s struggles in conjunction

with trauma, findings revealed that these individuals suffered from elevated PTSD symptoms and increased depression (Bradley et al., 2005; Gerber et al., 2011; Murray-Swank & Pargament, 2005). In addition, researchers linked r/s struggles to certain forms of psychopathology such as phobic anxiety, paranoid ideation, obsessive-compulsiveness, and somatization (McConnell et al., 2006).

Not only has research demonstrated a correlation between r/s struggles and emotional well-being in clinical populations but also among the general population (Abu-Raiya, Pargament, Krause, et al., 2015). People who reported r/s struggles also described lower levels of life satisfaction and happiness (Exline et al., 2011). University students experiencing r/s struggles expressed less confidence in several domains including personal, social, and academic, resulting in a sense of feeling overwhelmed (Bryant & Astin, 2008). For those encountering interpersonal stressors such as divorce or bereavement in conjunction with r/s struggles, research demonstrated a reduced ability to adjust and increased difficulty in successful adaptation to a new stage in life (Exline et al., 2011; Krumrei et al., 2011). In sum, r/s struggles correlated significantly with poor overall well-being, life satisfaction, and adjustment to life stressors (Wilt et al., 2017).

Along with emotional well-being, researchers discovered a correlation between r/s struggles and various physical health concerns. Cancer patients who voiced anger at God and blamed God for their chronic condition demonstrated poorer adjustment when assessed over the period of a year (Exline et al., 2011). Religious and spiritual struggles also related to poorer physical health in college students (Bryant & Astin, 2008). In a nationwide study of 3,493 students from 46 universities, those who reported even minimal levels of r/s struggles also described themselves as in poor physical health. This result held steady even

when researchers controlled for gender, race, and mother's level of education. In addition, a study of patients in rehab demonstrated that those who struggled spiritually experienced poorer physical recovery, specifically in the areas of daily living such as eating, dressing, and bathing (Fitchett et al., 1999). Likewise, studies of elderly patients who reported r/s struggles revealed a decline in physical functioning associated with daily activities (Pargament et al., 2001; Pargament et al., 2004). Alarming, findings from these studies involving elderly patients also associated r/s struggles with a greater risk of dying.

Given the fact that these cited studies were correlational in design, the results were unable to determine causality, meaning it was impossible to determine if r/s struggles caused diminished emotional and physical health or were a by-product of already existing distress in these areas (Exline, 2013). However, researchers established a robust link between r/s struggles and poor psychological well-being and physical health, leading to lower overall life satisfaction. Distressed by the correlation of r/s struggles with these negative outcomes, researchers investigated more vigorously the nature of these struggles. The result was a more informed understanding of the nature of r/s struggles including the types, predictors, prevalence, and distinctiveness of r/s struggles.

**The nature of r/s struggles.** As noted earlier, r/s struggles are expressions of conflict and doubt regarding matters of the sacred and/or religious relationships that arise in response to overwhelming circumstances or periods of adjustment (McConnell et al., 2006). These struggles manifest themselves in three forms: supernatural struggles, interpersonal struggles, and intrapersonal struggles (Abu-Raiya, Pargament, & Exline, 2015). Supernatural struggles involve a person's beliefs about supernatural beings including both divine and demonic agents. Divine struggles describe the conflict or distress individuals experience

based upon their beliefs about God or in conjunction with their relationship to God. For example, being angry at God and believing that God caused a particular painful event is an example of divine struggle. Demonic struggles, on the other hand, involve fear or concern that evil spirits or the devil are orchestrating negative events and attacking individuals.

The second form of r/s struggle, interpersonal struggles, involve any negative experiences individuals have with religious people or institutions (Abu-Raiya, Pargament, & Exline, 2015). This type of struggle may evidence itself in a variety of ways such as disillusionment over the immoral behavior of a religious leader, pressure to conform to certain doctrinal standards, or a sense of exclusion from a church community based upon differing theological beliefs or social convictions (Ellison & Lee, 2010). Struggling in this way often leads to individuals feeling isolated, as this type of conflict often results in a disengagement, at least temporarily, from vital systems of support and social interaction.

Intrapersonal struggles, the third form, involve individuals' inner thoughts or actions and manifest as either moral, doubt-related, or ultimate-meaning related conflicts (Abu-Raiya, Pargament, & Exline, 2015). Moral struggles include any distress, ambivalence, or excessive guilt people experience as they attempt to align with and behave according to the moral principles associated with their faith system. Doubt-related struggles occur when individuals experience inner turmoil over questions about their beliefs. Questioning the existence of God is an example of this type of intrapersonal struggle. Finally, when people feel existential anguish over questions of purpose and meaning of life, they are experiencing ultimate meaning-related struggles (Abu-Raiya, Pargament, & Exline, 2015).

Although individuals can experience more than one type of r/s struggle during times of distress, Ellison and Lee (2010) assert that the three types are only minimally correlated

and appear to originate from different sources. Additionally, some forms of r/s struggle are correlated with higher levels of distress. Divine struggles are associated with the most psychological distress followed by intrapersonal and then interpersonal (Ano & Vasconcelles, 2005; Ellison & Lee, 2010).

***Predictors of r/s struggles.*** As researchers developed a clearer picture of the various types of r/s struggles, they turned their attention to who might be predisposed to experiencing them. They discovered several stable and situational factors that correlated strongly with r/s struggles. From demographics to personality and belief factors, researchers identified predictors that alerted mental health professionals to those most likely to experience r/s struggles. Concerning demographics, findings revealed that young, unmarried females were at a greater risk of experiencing r/s struggles (Bryant & Astin, 2008; Faigin et al., 2014; Fitchett et al., 2004; McConnell et al., 2006). When focusing on personality factors, people who scored higher in the category of neuroticism and openness to experience in the Big Five (a theory of personality traits that identifies five distinct factors as central to personality) reported higher levels of r/s struggle (Ano & Pargament, 2013; Wilt et al., 2017). Also, various assessments linked increased levels of struggle to narcissism and entitlement (Grubbs, Exline, & Campbell, 2013), and pessimism and anxious/ambivalent attachment style (Ano & Pargament, 2013). Belief factors also signaled strongly who might experience r/s struggles. People who expressed unorthodox beliefs such as viewing God as nonbenevolent (Wilt, Exline, Grubbs, Parks, & Pargament, 2016) or unknowable (Bryant & Astin, 2008) struggled more than those who described God as personal and good and who had higher religious engagement (Bryant & Astin, 2008, Fitchett et al., 2004).

Researchers also identified several situational factors that predicted r/s struggles. Individuals with poor social support (McConnell et al., 2006) or who attributed negative appraisals to stressful events (Ano & Pargament, 2013) reported higher levels of r/s struggle. In addition, university students who attended religious colleges, claimed membership in a religious minority, or who majored in psychology experienced more distressful r/s struggles than their counterparts (Bryant & Astin, 2008). With the rising number of predictors, both stable and situational, research began to paint a picture of a phenomenon that was prevalent across multiple domains, thus impacting large segments of the population (Desai & Pargament, 2015).

***Prevalence of r/s struggles.*** Research demonstrates that r/s struggles are not the exclusive property of any one population sub-group. In fact, these types of struggles impact individuals of every race, age, gender, social and economic status, and education level (Bryant & Astin, 2008; Ellison & Lee, 2010; Pargament et al., 2004), making r/s struggles relevant to the general population. People of various faith traditions—Jewish, Muslim, and Christian—struggle spiritually regardless of their level of religious commitment (Exline, 2013). For example, individuals who espouse deeply held r/s convictions and who attend worship services regularly struggle as do those with nominal attendance (Abu-Raiya, Pargament, Krause, et al., 2015; Bryant & Astin, 2008; Fitchett et al., 2004). Surprisingly, studies reveal that even atheists and agnostics experience anger towards God and report more frequent and intense animosity towards the divine than those who espouse belief in God (Abu-Raiya, Pargament, Krause, et al., 2015; Exline & Grubbs, 2011). In sum, although the distress associated with these struggles may vary depending on the individual, r/s struggles

are not an uncommon experience, making them a relevant area of study for all mental health professionals.

*The distinctiveness of r/s struggles.* Of significance is the finding that r/s struggles are a distinctive process (Abu-Raiya, Pargament, Krause, et al., 2015). Early studies highlighted the correlations between r/s struggles and poor psychological functioning; however, researchers were not able to identify if demographic variables or other artifacts such as social isolation or personality factors accounted for these negative symptoms. In other words, researchers were unsure of whether r/s struggles made a distinctive contribution to either psychological distress or well-being. To leave this question unanswered would result in researchers unable to establish construct validity for r/s constructs and thereby feed the growing criticism that they were redundant with basic psychological processes (Wilt et al., 2017).

As a result, researchers turned their focus in this direction and began to investigate the unique contributions that r/s struggles made towards psychological well-being. Studies revealed that r/s struggles were in fact distinctive, as their impact could not be explained by variables such as demographics, neuroticism, social isolation, religious commitment (Abu-Raiya, Pargament, Krause, et al., 2015) or depression (Fitchett et al., 2004). To further these findings and take steps toward construct validity, Wilt et al. (2017) designed a study to consider the incremental validity for r/s struggles. They found that r/s struggles have incremental validity above and beyond religiousness and the Big Five for predicting well-being. These studies affirm that r/s struggles reflect aspects of psychological functioning that are not mere artifacts of other constructs and as such have unique implications for well-being.

In summary, early stages of research into this vital area helped theorists to identify the types, predictors, prevalence, and distinctiveness of r/s struggles. They discovered that r/s struggles manifested in one of three forms: supernatural struggles, interpersonal struggles, and intrapersonal struggles. Certain predictors signaled who might struggle spiritually and highlighted demographic, personality, belief, and situational factors. In addition, these predictors pointed to the prevalence of r/s struggles across the general population, including individuals from differing faiths, SES, race, education level, gender, and level of r/s commitment. Finally, research demonstrated that r/s struggles were a distinctive process and not the artifacts of other variables. Given the potential harm of r/s struggles and their prevalence among both clinical and the general population, the need to understand how individuals might exit from this time of spiritual darkness became paramount.

**Pathways towards growth or decline.** Interestingly, in the plethora of studies investigating the impacts of r/s struggles, few addressed the question of whether or not encountering this type of spiritual adversity could lead to growth (Exline, 2013). In many ways, this gap in the literature stands out as a glaring omission given that the majority of the world's religions affirm the role of suffering in spiritual growth (Keller, 2013). Specific to this study, Christianity has a rich tradition of understanding adversity as a pathway to deeper communion with God and increased spiritual maturity. In fact, the Bible describes struggle as normative (1 Peter 4:12), purposeful (Romans 8:28-29), growth enhancing (James 1:2-4), character building (Galatians 5:22-23a), and necessary for experiencing deeper intimacy with Christ (Philippians 3:7-11). With this correlation between struggle and growth so embedded in a Christian worldview, the lack of empirical research on the benefits of r/s struggles is problematic.

Several complications help to explain this gap in the literature. First of all, spiritual growth is a difficult concept to operationalize, as growth can take on a variety of forms in an individual's life based upon his or her r/s tradition, life experience, and cultural worldview (Exline, Hall, Pargament, & Harriot, 2017). Second, cross-sectional studies fall short in predicting or identifying growth because the benefits of walking through a r/s struggle may take months and even years to emerge (Abu-Raiya, Pargament, & Krause, 2016). Third, many researchers assume that resolution is synonymous with growth due to the fact that neither concepts have agreed upon definitions within the field (Keith, 2017). Finally, the few studies that have looked at growth within the context of r/s struggles led to mixed results with the majority of studies demonstrating more harmful outcomes than beneficial ones (Pargament, Desai, & McConnell, 2006).

Given these complications, only a handful of studies focus on the pathways r/s struggles take and the factors that lead to growth. As noted earlier, pathways are what people do to sustain a relationship with the sacred (Pargament, 2013). Within the context of r/s struggles, pathways consist of the spiritual expressions and religious coping strategies that people implement in order to stay connected to the sacred. Although researchers conceptualized growth in different ways, the aim of many of these studies was to identify what predicted a growth pathway as opposed to a decline pathway. By determining what predicted growth, researchers hoped to create interventions that could influence these pathways and thus reduce the risk of individuals experiencing decline.

***Predictors of growth.*** Desai and Pargament (2015) conducted the first study to investigate and identify factors that might predict growth or decline following a r/s struggle. Using the framework of the ROS, researchers identified four potential predictors of either

growth or decline: struggle characteristics, religious history, positive religious coping, and support. Characteristics of the struggle included struggle severity and the ability to find meaning from the struggle. Religious history included two characteristics in particular—religious assimilation, the degree to which people’s beliefs are well integrated into their lives, and God attachment. Positive religious coping assessed the breadth and depth of the participants’ coping strategies both positive and negative. Finally, support in this study included both secular and religious support. Given that all of the factors, with the exception of struggle severity, are characteristics of a strong ROS, the researchers hypothesized that these variables would predict growth from a r/s struggle. Said differently, researchers believed that individuals with a stronger ROS would experience growth rather than decline.

To measure growth, the researchers used two outcomes measures and one forced choice question. The first outcome measure, the Posttraumatic Growth Inventory, assessed for posttraumatic growth (PTG) which the authors labeled secular growth. Tedeschi & Calhoun (1996) who developed the measurement defined PTG as the personal growth experienced by individuals following a traumatic event that resulted in perceived changes in self, relationships, life philosophy, spirituality, and awareness of new possibilities. To assess spiritual growth, the authors provided five items on a 7-point Likert scale that asked participants to rate how much they agreed with statements such as “Spirituality has become more important to me” and “Spiritually, I am like a new person” (Desai & Pargament, 2015, p.48). Using a forced choice question, participants answered in a summary manner whether or not they perceived they had grown or declined as a result of encountering a r/s struggle. A final question asked participants to identify whether or not they considered the r/s struggle resolved.

Researchers recruited participants from an introductory psychology class at a midwestern university. To determine who qualified for the study, researchers used a screening questionnaire to assess for current levels of r/s struggle. Participants who reported between “a little bit” and “extremely” in response to active r/s struggle were included in the study. Of the 332 students who took the questionnaire, 127 qualified and completed online surveys at two different time periods separated by four to six weeks. Findings revealed that half of the students (48.8%) claimed to have grown from their r/s struggle and a quarter of the participants (26.8%) reported experiencing both growth and decline. As hypothesized by the researchers, factors that strengthened the ROS were predictive of growth and included the following: finding meaning, religious assimilation, religious support, and positive religious coping. Of these factors, the strongest predictors of growth following a r/s struggle were finding meaning and positive religious coping. In fact, these two factors accounted for 20% of the variance in struggle resolution. The strongest predictors of decline were struggle severity and avoidant attachment.

Interestingly, in this study, struggle severity correlated with both growth and decline. Researchers assessed struggle severity with the 15-item Impact of Event Scale in which participants rated the frequency of avoidant or intrusive thoughts related to the r/s struggle. Those with higher scores on this scale reported more secular growth but also more spiritual decline. The researchers hypothesized that r/s struggles may have different outcomes in the secular and spiritual domain. In other words, individuals could experience positive life change that may or may not be related to conserving a connection to the sacred (Desai & Pargament, 2015).

Another study conducted by Exline et al. (2017) also investigated the factors that predict growth among Christians struggling spiritually. The researchers examined two types of factors—proximal factors and background factors. Proximal factors, those specific to a stressful situation, included positive religious coping and perceptions of helpful action by God. Positive religious coping included any resources or strategies participants enacted to cope with the stressful situation. The other proximal factor, perceptions of helpful actions by God, encompassed any element they perceived as being given to them by God during the adversity. Examples of helpful actions by God included a sense of God’s presence, a belief that God was speaking to them, and faith that God was providing guidance. The second category of factors, background factors, were those that the researchers hypothesized would have an indirect impact on individual growth. This category included the following: close and positive relationship with God, benevolent theodicies (positive beliefs about God’s role in suffering), and religious engagement. To measure growth, the researchers combined an abbreviated version of the Spiritual Transformation Scale and the 13-item Posttraumatic Growth Inventory to assess perceived spiritual growth and the degree to which participants experienced change.

This study drew upon research from a larger study of r/s issues conducted with undergraduates from three universities in the United States. Researchers included only those participants (n=454) who self-identified as Christian and who were able to recall experiencing a r/s struggle within the past few months. The findings of the study affirmed the researchers’ hypothesis that proximal factors predicted growth more directly than the background factors. Of these proximal factors, the strongest predictor of growth was positive religious coping which included several variables that highlighted the faith-building actions

participants took to respond to their struggles. The second strongest predictor of growth was the belief on the part of participants that God had intervened in their lives in a significant way. Participants who viewed their relationship with God as reciprocal reported more growth than those who did not.

Of the background factors, one in particular demonstrated an essential role in predicting all three positive variables—a close personal relationship with God. Participants who characterized their relationship with God as close and personal affirmed the following: a sense of God’s presence, gratitude to God, secure attachment, and an assumption that trials could produce growth. This indirect factor acted as a foundation that allowed participants to engage in the proximal factors that produced growth. Two other background factors also played a significant yet indirect role. Benevolent theodicies indirectly predicted growth through its connection with positive religious coping. Participants who espoused that God met them in their suffering, had control over their suffering, and/or suffered alongside them were more likely to stay engaged in faith practices and attempt to draw closer to God. Religious engagement also played an indirect role in participants’ growth. Those who reported higher levels of daily participation in Christian practices also reported stronger benevolent theodicies and a close personal relationship with God.

Both of these studies sought to identify the predictors of growth and as such launched the first investigations into the course or pathways of r/s struggles. The findings of each study were complementary, providing insight into how certain trajectories led towards growth rather than decline. In both studies, positive religious coping—spiritual support, benevolent spiritual appraisals, and collaborative spiritual coping—correlated strongly with growth, an increased sense of the importance of spirituality in one’s life. This finding is

consistent with previous literature that demonstrated a correlation between positive religious coping and positive outcomes (Ano & Pargament, 2013; Ano & Vasconcelles, 2005; Krumrei et al., 2011; Pargament et al., 1998). Desai & Pargament (2015) also identified meaning-making as one of the strongest predictors of growth, aligning well with Exline et al. (2017) findings concerning the role of benevolent theodicies. The ability for participants to attribute positive meaning to suffering enabled them to enact positive religious coping that bolstered growth. These findings also are consistent with existing literature linking meaning-making with positive outcomes (Exline et al., 2011; Park, 2010; Sacco, 2014).

A finding unique to Exline et al. (2017) was the identification of a growth predictor based upon participants' perceptions of God's interaction with their suffering. Participants who believed that God was guiding, comforting, or communicating with them in the midst of their struggles demonstrated higher levels of growth. Growth, then, was more likely when participants viewed the human/sacred relationship as a reciprocal relationship, one in which they sought to connect with God and believed God was seeking to connect with them.

Although these studies provide a great beginning for investigating the pathways that lead to growth, they leave many questions unanswered. Perhaps the most glaring is the absence of information on how participants moved from the distress of the r/s struggle to the outcome of growth. In other words, neither study speaks to the process that participants underwent in order to achieve growth. They identify the preferred destination, growth, but shed very little light on the pathway participants took to get there. For example, what attributions were more effective in helping participants to make meaning of their r/s struggle? How did they arrive at these attributions? Which positive religious coping strategies helped

most and at what point in the process? In sum, researchers have identified which factors might help but not how these factors do so.

Additionally, the manner in which researchers are conceptualizing growth is anemic. Both studies used the Posttraumatic Growth Inventory and a handful of questions related to spiritual growth to assess the changes participants made as a result of experiencing r/s struggles. Although a correlation exists between r/s struggles and PTG (Gerber et al., 2011; Krumrei et al., 2011; Pargament et al., 2006), this framework falls short of encompassing the richness of what it means to grow spiritually. The researchers attempt to compensate for this shortcoming by adding generalized questions such as “I grew spiritually as a result of my r/s struggle.” Participant responses confirm spiritual growth as an outcome but a forced response question does not allow them the opportunity to paint a picture of what their growth looked like. Furthermore, these findings are limited because researchers investigated only a handful of pre-selected growth predictors. One can only guess at the number of resources individuals are utilizing to grow in the midst of their r/s struggles.

The field could benefit from more qualitative research to address these concerns (Ano & Pargament, 2013; Fislser et al., 2009). In-depth interviews with individuals in the midst of r/s struggles could provide valuable insight into their process of growth (Bryant & Astin, 2008). Only by hearing about individuals’ experiences and the specific factors and conditions that led to their growth can researchers illuminate these pathways (Keith, 2017). In addition, by hearing from individuals’ lived experiences, researchers could expand their understanding of what it means to grow spiritually and perhaps land on a definition more appropriate to the domain of r/s struggles. Shedding light on these areas with the aid of

qualitative research could help researchers understand why some studies show a link between r/s struggles and growth while others do not.

***Resolving r/s struggles.*** As mentioned above, the focus on identifying growth predictors left many questions unanswered, specifically, the manner in which individuals resolve r/s struggles. In fact, no definition of resolution even existed before Keith (2017) addressed this issue in her doctoral dissertation. Before this study, researchers often used the terms *growth* and *resolution* interchangeably (Abu-Raiya, Pargament, Krause, et al., 2015; Desai & Pargament, 2015; Gerber et al., 2011), meaning that growth naturally presumed successful resolution. When researchers addressed directly the question of resolution, they did so tangentially and as such learned little to nothing about the process. For example, Desai & Pargament (2015) measured participants' sense of having their r/s struggles resolved with a single item: "I feel like my r/s struggle became worse, not changed, been partially resolved, and completely resolved" (p. 48). The authors did not offer a definition of resolution nor did they obtain any data that illuminated what participants meant by feeling a sense of resolution.

Only two studies could be located that tackled directly this question of resolution. Fisler et al. (2009) conducted a qualitative study with 16 college seniors to explore these students' experiences with r/s struggles and the degree to which they resolved them. The findings illuminated the sources of the students' r/s struggles, their external sources of support and challenge, how they processed the struggle, and the manner in which they reexamined their spiritual values. Students identified introduction to higher levels of thinking in their academic pursuits as a cause of many of their r/s struggles. These participants cited having opportunities to question, explore, and be exposed to a variety of

perspectives as a challenge to many of their previously held r/s beliefs. To wrestle with these questions, the students identified several sources of support: friends, family, school communities, ministers, and counselors. However, even with a wide variety of external supports, the participants reported a wide array of intense emotions brought about by the struggle, leading them to spend great amounts of time processing individually and internally. Students stated that reading religious materials to gather information and explore their r/s beliefs was a necessary part of dealing with their struggle.

In analyzing the participants' data, researchers identified four ways in which students resolved their r/s struggles. The first way was recommitment. Many students called their r/s beliefs into question and explored other possibilities but without leaving their previously held spiritual tradition. These students reported understanding their traditional beliefs more fully and becoming more confident in their r/s identity. A second way that many students resolved their r/s struggles was through the process of readjustment. This pathway included allowing other r/s values and practices into existing belief systems, resulting in slight shifts in their spiritual understanding. Blending was the third way that researchers observed students resolving their r/s struggles. Blending occurred when participants mixed aspects of their r/s upbringing with other traditions, perspectives, values, or practices to create a self-chosen r/s identity. Often, this blend resulted in a unique spirituality that was distinct from any established religious tradition. Finally, a couple of students chose the fourth way, loss of faith. For these students, the r/s struggle was so intense that they could see no evident way in which to resolve it. Leaving their faith tradition behind, though painful and scary, also brought them a sense of freedom.

Although this study was the first to identify the process a handful of students went through to resolve their r/s struggles, Keith (2017) was the first to attempt to define resolution. Using a constructivist grounded theory approach, Keith investigated how Protestant Christian women who had been through a trauma experienced r/s struggles, how they understood resolution, and by what process that resolution occurred. Keith hoped to illuminate the process of r/s struggle resolution and arrive at a definition that could benefit the religious coping literature.

After analyzing data from 10 participants' interviews, Keith (2017) identified 11 conceptual categories that represented the sequential stages of r/s struggle resolution: Experiencing an Event Discordant with Beliefs, Emotional Reaction, Questioning, Disconnection, Seeking Resolution, Seeking and Gaining New Understanding, Selectively Seeking Support, Reconnection with Beliefs, Reconnection with God, Feeling Resolved, and Maintaining Resolution. The first four stages of Keith's model describe much of what this literature review has highlighted up to this point. Religious and spiritual struggles begin with an event or experience that is discordant with one's sacred beliefs (McConnell et al., 2006). This crisis of belief results in strong and distressing emotions that have the potential to lead to great psychological and physical harm (Ano & Vasconcelles, 2005). In an attempt to stabilize, individuals activate religious coping strategies both positive and negative (Pargament et al., 1998). However, in the midst of these turbulent emotions, individuals can experience a sense of disconnection from the sacred and from others within their relational and religious circles (Abu-Raiya, Pargament, & Exline, 2015).

Although these first four stages continue to impact individuals throughout the process of resolution, stages five through nine of this study's findings reveal a distinctive shift

towards more active attempts to resolve the struggle (Keith, 2017). In the Seeking Resolution stage, individuals decide to make resolution a priority, as their previous coping attempts had proved unfruitful. This decision to make an effort transitioned individuals into the Seeking and Gaining New Understanding stage. Descriptive of this stage is a renewed attempt to seek new ways of understanding by asking questions of God and others and by reading different types of r/s materials. By exploring new perspectives and challenging previous beliefs, individuals were able to adjust theological beliefs and attribute meaning in a way that was more beneficial. Although stage six involves interaction with others, stage seven, Selectively Seeking Support, highlights the intentional outreach by struggling individuals to communities and people who they feel to be safe and non-judgmental. Participants characterized these safe people as those who provided space and time for them to process their thoughts, emotions, and emerging beliefs. Supportive people encouraged their quest, pointed them to resources, and prompted them to stay connected to the sacred. All of these stages combined naturally lead to a Reconnection with Beliefs, stage eight, and a Reconnection with God, stage nine. The seeking stages allowed participants to expand their understanding of God and revise their theology of suffering, so much so that previous beliefs were strengthened and seen through a broader lens. This expanded understanding allowed participants to reconnect emotionally with God and once again sense God's presence.

The final stages of Keith's (2017) study deal specifically with the participants' sense of having resolved their r/s struggles. Stage ten, Feeling Resolved, refers to the participants' perception that their r/s struggle is either completely resolved or close to resolution, resulting in increased overall psychological well-being and feelings of comfort and peace. In this stage, participants reported the ability to see value in the struggle and even incorporated an

understanding of r/s struggle as being a part of the faith experience. In these responses, Keith noted that most participants viewed resolution not as an event but as an on-going process, one that was interwoven with the struggle. Given this new insight, Keith created an eleventh stage, Maintaining Resolution. This stage borrowed from the metaphor of a journey, highlighting that resolution is not a destination but a path, one in which new questions and experiences require a revisiting of beliefs in order to expand their understanding. In other words, this final stage is a recurrent one with participants embracing a more fluid belief system to maintain their connection to the sacred.

Although Keith's (2017) primary goal was to illuminate the process of how individuals might resolve r/s struggles, she had a secondary aim of creating a definition of resolution that could be workable for those addressing this issue. In conversation with her participants, Keith defined r/s struggle resolution in the following manner:

Resolution of spiritual struggle is the active, continual, and ongoing process of re-evaluating and integrating new understanding into spiritual beliefs and/or the relationship with God in an effort to reconcile the conflict between one's lived experience and one's spiritual beliefs and/or relationship with God. Resolution results in increased feelings of peace, understanding and connection with God/others and spiritual practices. (p. 90)

Findings from Fisler et al. (2009) and Keith (2017) helped researchers to understand the pathways of r/s struggles more clearly and even arrive at a definition of resolution. While an excellent foundation, these findings only provide a skeletal outline of the pathways individuals take towards growth or decline in the midst of r/s struggles. Missing from these findings are the key factors that lead individuals to move from one stage to another and/or the

factors that encourage recommitting, blending, or readjusting as opposed to loss of faith. From a therapeutic standpoint, neither study focused on the role of counseling in the resolution of r/s struggles. Both mentioned that certain individuals sought counseling but neither investigated whether or not this relationship was helpful to the resolution process. Only with the creation of interventions did researchers move towards exploring how counseling might benefit individuals experiencing r/s struggles.

**Interventions for r/s struggles.** With greater understanding of the nature and trajectories of r/s struggles, researchers set out to answer the question of whether or not these pathways could be altered (Bowland, Biswas, Kyriakakis, & Edmond, 2011; Desai & Pargament, 2015; Murray-Swank, 2003). To do so, they created interventions with the specific aim of reversing the negative impacts of r/s struggles by increasing positive religious coping. Their hope was to introduce positive religious coping to struggling individuals in order to nudge them towards resolution and growth. They evaluated these programs, and these studies constituted the first research efforts into how counseling specifically influenced pathways. As such, these findings provide the only glimpse into how the counseling relationship and the person of the counselor help facilitate either growth or decline for those with r/s struggles.

***Solace for the soul.*** Murray-Swank (2003) developed an intervention called *Solace for the Soul* that targeted women who had experienced sexual abuse and were struggling spiritually as a result (Murray-Swank & Pargament, 2005). The overall goal of the program was to harness the power of spirituality to help participants cope with their abuse and alleviate the harmful impact of r/s struggles. Using a non-denominational, theistic framework in order to be comprehensive enough to encompass the world's five major

monotheistic religions, the intervention was a holistic approach that sought to restore mind/body/soul wholeness to facilitate overall well-being (Murray-Swank, 2003).

Developed for eight sessions of individual therapy, this intervention focused on seven themes that emerged from the author's study in the areas of trauma theory, religious coping, clinical psychology, pastoral psychology, and theology. Each session focused on one of the following themes: images of God, abandonment/anger at God, spiritual connection, shame, the body, and sexuality.

To evaluate the program, Murray-Swank and Pargament (2005) conducted a single case interrupted time-series design with five women between the ages of 28-49. Participants completed a series of measurements including the Brief Symptom Inventory (BSI), Trauma Symptom Checklist-40 (TSV-40), Multidimensional Sexual Self-Concept Questionnaire (MSSCQ), RCOPE (measurement of religious coping), God Concepts Survey, and the God Image Scale (GIS) before the start of the program, after the fourth session, at the conclusion of the program, and at one month follow-up. In addition, the participants completed a 31-item Daily Measurement Log which assessed psychological distress, traumatic symptoms, sexuality, religious coping, connection to God, self-concept, and body disgust. This daily log provided a way for participants to track their thoughts and feelings both before and throughout the intervention period to reflect upon their process of therapeutic change.

Qualitative and quantitative analyses demonstrated that the intervention improved psychological and spiritual functioning. Four of the five participants reported decreased psychological distress and three demonstrated decreased trauma symptoms. Concerning spiritual functioning, two participants reported more positive God images at the end of the intervention, and three experienced increased connection to God. When examining religious

coping, three women demonstrated increased positive religious coping, and two saw decreases in negative religious coping. As such, the findings highlighted the important role of spirituality in improving psychological well-being.

Amidst these positive results, certain concerns came to the forefront. Findings from the daily logs revealed that four participants demonstrated increased psychological distress across the course of the intervention. In addition, three women reported increased feelings of inadequacy, body disgust, and sexual problems. Specifically, three participants maintained or even increased in sexual difficulties and experienced no changes in sexual functioning. When considering religious coping, although all participants showed a combination of positive and negative coping, three participants saw increases in negative coping while the other two saw no change.

These varied results reflect many of the limitations of the study. First of all, this program utilized a set curriculum that explored certain themes. These themes originated from a variety of sources rather than from direct empirical evidence of topics that have proven to be helpful with individuals attempting to resolve r/s struggles as a result of sexual abuse. Perhaps this observation explains why certain sessions such as those dealing with connection to God resulted in reduced distress while others, those dealing with the body and sexuality, led to increased distress. Second, these mixed results make it difficult to identify the specific mechanisms of change, leaving the question of what brought about positive or negative results unanswered. Although daily logs shed light on a couple of interventions that participants found especially helpful, the role that the therapeutic relationship or the person of the counselor played in the change process was not an area of exploration. As a result, despite this study affirming the value of a spiritually-integrated intervention to reduce

psychological distress following sexual trauma, the findings do little to shed light on the pathways that participants took to resolving r/s struggles within the context of therapy.

***Winding road.*** Given the wide prevalence of r/s struggles during the university years, Gear et al. (2009) created a non-denominational, psychoeducational intervention to help college students acknowledge and address them. Their aim was to help normalize these types of struggles and to encourage students to articulate their own spiritual path, one that would be flexible enough to incorporate life's many challenges. Unlike *Solace for the Soul* (Murray-Swank, 2003), researchers targeted the general student population and geared the program to be educational and experiential rather than therapeutic. As such, the authors recruited through university newspapers and flyers followed by screening interviews to find participants that met the study's criteria. Facilitators of the program chose 12 students, six men and six women, and ran two groups simultaneously. The groups included Protestants, Catholics, atheists, Wiccans, agnostics, and religiously undecided participants.

This group intervention ran for nine weeks and addressed a variety of themes: r/s struggles, spiritual heritage, spiritual identity, spiritual strivings, conceptualizations of the sacred, forgiveness, acceptance, and meaning-making. Group facilitators used experiential exercises, discussions, readings, images, and music to interact with these themes. Participants continued exploration of these topics outside of session through activities and related-reading.

To evaluate the intervention's effectiveness, Gear et al. (2009) had participants complete qualitative and quantitative surveys at the start and end of the program. Findings demonstrated that participants reported fewer r/s struggles by the completion of the program. In addition, participants stated that the program helped them to understand the normative

nature of r/s struggles, and as a result, they experienced less self-stigmatizing views. Results also demonstrated that participants reported less psychological and spiritual distress and increased positive affect. In the qualitative surveys, participants discussed an expansion of their understanding of God as accepting, a sense that their behavior was more congruent with their beliefs, and an overall appreciation for the struggle due to the growth it produced.

Although this intervention helps shed light on what can be helpful with r/s struggle resolution, the study's findings are limited because it targeted individuals of a wide variety of r/s beliefs from the general population rather than those in therapy. Student populations may not be representative of actual client populations (Rose et al., 2001). In addition, including a diversity of belief systems potentially adds too many confounding variables, making the findings difficult to interpret (Bowland et al., 2011; Keith, 2017). For example, the pathway a Wiccan individual takes towards resolving r/s struggles could look very different from that of a Christian in a mainline denomination. Differing beliefs about God, evil, and suffering influence how individuals address, experience, and attempt to work through struggles. To illuminate these pathways more clearly, studies focused on understanding the resolution process from those of a specific faith tradition could be more helpful.

***Spiritual intervention with older women.*** Bowland et al. (2011) conducted a study of a spiritually-focused intervention with older women who were survivors of abuse. This program targeted self-reporting, Christian women aged 55 and over who had experienced childhood sexual or physical abuse, domestic violence, and/or sexual assault. Consisting of 11 sessions in a group format, this intervention covered a variety of themes: spiritual history, spiritual gifts, religious coping, anger, fear and powerlessness, shame and guilt, loneliness, despair, forgiveness, and hope. An overall aim of the group was to facilitate cognitive

restructuring by introducing beliefs and theological questions from a feminist perspective. In total, 43 women divided into six groups (three received delayed treatment and thus acted as a control group) participated in the intervention.

To evaluate the program, Bowland et al. (2011) collected both quantitative and qualitative data. Quantitative measures included The Geriatric Depression Scale, Posttraumatic Stress Diagnostic Scale, and the Beck Anxiety Inventory. Participants completed each one prior to the intervention, at 11 weeks, and at three months (Bowland, Edmond, & Fallot, 2012). The qualitative portion involved collecting participants' thoughts and responses to each session by inviting the women to write comments on newsprint mounted on the wall. In this way, facilitators were able to interact with comments and track progress over the course of the intervention. When analyzing the data, researchers discovered that the intervention proved effective in that it reduced depression, anxiety, and spiritual distress while also increasing spiritual well-being. Follow-up assessments at three months revealed that participants had maintained their gains.

To understand which spiritual coping strategies were the most helpful in reducing negative symptomology, Bowland et al. (2011) conducted a qualitative analysis of the participants' newsprint comments. Several key themes emerged from the data. The most robust theme was forgiving and letting go, a theme that organically surfaced at the beginning of the intervention. Participants voiced ambivalence around the topic of forgiveness expressing struggles over feeling forced by religious leaders to forgive their abuser, knowing when to forgive or even questioning the necessity of forgiveness. In all of these recurring discussions around the topic of forgiveness, participants searched for ways to forgive themselves and let go so that they could move forward with their lives.

Another theme prevalent in the participants' comments was the helpfulness of re-examining scriptural beliefs and interpreting them in an empowering and encouraging manner. Examples of these broadened beliefs included: embracing anger as a part of the healing journey, redefining women's roles within a Christian context, valuing feminine strength, and rejecting passiveness as a virtue. Other themes emerged centering around seeking connection to God through spiritual practices and religious communities. Participants voiced the important role of gratitude and helping others in their healing journey as well as finding supportive faith communities even if that meant leaving current ones. Interestingly, while many women reported not feeling safe in their current churches to reveal their abuse due to negative experiences, the majority of participants emphasized the healing power of safe communities (Bowland et al., 2011).

Similar to *Solace for the Soul* (Murray-Swank, 2003), this intervention demonstrated effectiveness in helping women with trauma-related distress reduce r/s struggles (Bowland et al., 2011). Given the aim of helping women to restructure certain cognitions and thus engage in meaning-making, Bowland's program allowed women to interact with each other in a way that challenged assumptions and encouraged new perspectives. However, as with previous programs, this intervention used selected topics that influenced the types of themes that emerged from the data. As such, the topics could have biased the responses of the participants, leaving one wondering what themes might have emerged organically (Bowland et al., 2011).

All three interventions demonstrate that addressing r/s struggles specifically leads to increased psychological and spiritual well-being. Participants in all three studies reported high levels of satisfaction with being able to address their spiritual pain in ways that led to a

sense of closer connection to the sacred. In Murray-Swank's (2003) study, participants emphasized this appreciation for a spiritual perspective as they believed this essential aspect of their healing was neglected in their current therapy. In addition, participants expressed fear in bringing these wounds to clergy members. Therefore, these interventions provided strong initial evidence for the importance of addressing r/s struggles directly within both clinical and general populations.

Although these studies (Bowland et al., 2011; Gear et al., 2009; Murray-Swank, 2003) are a great starting point for understanding how therapeutic interventions can alter r/s pathways and potentially lead to growth, they leave many questions unanswered. First, all three programs used a manualized approach for working with r/s struggles which not only limited the number of topics addressed but possibly discouraged the introduction of additional themes. Rather than addressing client-specific questions and concerns and allowing certain themes and resources to emerge organically, participants were directed from one pre-selected theme to another. This begs the question of what topics, meaning-making dialogues, coping strategies, metaphors, and interactions researchers have yet to uncover that could greatly aid in the resolution of r/s struggles. Next, none of these evaluative studies investigated the role of the therapeutic relationship and/or the person of the counselor in influencing these pathways. Given that the strength of the therapeutic alliance is the strongest predictor of positive outcome, this omission is significant (Andrews, 2001). Practitioners are left to wonder what mechanisms of change present with the therapy context help to facilitate growth in the midst of r/s struggles.

## Common Factors Research

At the heart of all mental health research is the question, What brings about client change? For decades, theorists and therapists have investigated this critical question, evaluating which theoretical orientations and/or interventions are most efficacious for various disorders, problems, or struggles. In a deluge of findings geared at identifying effective treatments, researchers began to notice similarities in outcomes regardless of theoretical orientation or treatment approach (Ackerman & Hilsenroth, 2003; Fife et al., 2014; Lambert & Barley, 2001). Intrigued, researchers embarked on what would become known as common factors research, an area of study focused on identifying elements across therapeutic approaches that correlated with positive client outcome.

Common factors research has as an underlying tenet that certain factors exist that precipitate client change regardless of therapeutic approach (Fife et al., 2014). This assumption radically challenges certain prevailing ideas that elevate the role of interventions, techniques, and skills in therapeutic change and instead shift the focus to relational factors and the process of therapy itself (Blow, Sprenkle, & Davis, 2007; Lambert & Okiishi, 1997). Said differently, common factors theory asserts that merely performing interventions by-the-book or exercising microskills with precision are not be sufficient to influence client change. Instead, certain factors must exist in order to create an environment that encourages and facilitates change.

Although many theorists and researchers have spent decades attempting to identify which factors were common to all approaches, Lambert and Barely (2001) conducted an extensive analysis of the outcome-research literature resulting in a long list of factors. After estimating their percentages of outcome variance and grouping them, they identified four

categories of factors: client or life variables (40%); relationship factors (30%); hope, expectancy, and placebo variables (15%); and model or technique (15%). Interestingly, their research concluded that the bulk of client change occurred outside of therapy while common therapeutic factors accounted for only 30%. Of this 30%, techniques were responsible for only 15% of change, a percentage equal to that of client expectancy effects. Wampold (2001) affirmed these findings and refined them even further when he revealed that extra-therapeutic factors and client factors combined accounted for 87% of client change. The remaining 13% belonged to the therapeutic alliance in conjunction with the model practiced by the therapist.

More recent contributions to this conversation point out that Lambert's breakdown is too simplistic and neglects the influence of the therapist on change outcomes (Duncan, 2014). Duncan (2014) argued that Lambert's findings did not take into account the interdependent and dynamic nature of the factors especially given the uniqueness of each client/therapist interaction. With his reworking of this dynamic interchange of factors, he concluded that client and life factors accounted for 86% of client change with only 14% being attributable to the therapeutic treatment. Rather than exhibiting his findings as a pie chart as did Lambert, Duncan used a Venn diagram to emphasize the mutual and interdependent nature of the therapeutic factors that contribute to change. Of the therapeutic factors most contributing to client change, Duncan identified the person of the therapist and the therapeutic relationship, with both factors contributing approximately 5 to 8 times more than that of model differences. Further studies verified these initial findings, demonstrating that although certain common factors influenced change, the ones that accounted for more variance than any other within the therapy context were of an interpersonal nature and often

summed up as the therapeutic alliance. In other words, outside of client and life factors, strong empirical evidence points to the relationship between the therapist and client as the single greatest predictor of positive client outcome (Andrews, 2001; Beutler & Harwood, 2002; Fife et al., 2014; Flückiger, Del Re, Wampold, Symonds, & Horvath, 2012; Horvath, 2001; Horvath & Symonds, 1991; Lambert & Barley, 2001; Sackett & Lawson, 2013; Wampold, 2001).

### **The Therapeutic Relationship**

Given the importance of the therapeutic relationship to client change, understanding what researchers mean by this concept and how it correlates with positive outcomes is essential. Theorists and researchers have defined the therapeutic relationship or alliance in many ways over the years; however, current conceptualizations, in general, follow Bordin's pantheoretical definition (Ackerman & Hilsenroth, 2003; Flückiger et al., 2018; Lambert & Barley, 2001). Bordin used the term *working alliance* to describe the therapeutic relationship as he sought to emphasize the collaborative nature of the counselor-client interaction (Flückiger et al., 2018). This alliance consisted of three components: an emotional bond between the client and the therapist, agreement on the types of tasks that constitute therapy, and consensus on therapeutic goals. Particularly appealing to those who adopted his definition was the emphasis on the interaction and interdependence of the therapist and client (Fife et al., 2014; Sackett & Lawson, 2013). Previous conceptualizations of the role of the therapist and the counseling relationship presumed that the relationship was something the counselor offered the client. Bordin's understanding, on the other hand, highlighted the interconnectedness of the relationship with strategies and interventions, making the relationship not a technique but rather the conduit through which the entire counseling

process took place (Sackett & Lawson, 2013). By adopting this definition of the alliance, three factors became important: the characteristics of the client, the person of the therapist, and the relationship between the two (Fife et al., 2014).

In psychotherapy process research, the therapeutic relationship is the most investigated construct with decades of data confirming it as the strongest predictor of positive client outcome (Wampold, Baldwin, Holtforth, & Imel, 2017). Horvath and Symonds (1991) conducted a meta-analysis of data gathered from 24 studies over an 11-year time span. Their findings demonstrated a robust correlation between therapy outcome and working alliance with the relationship accounting for 26% of the difference in the rate of therapeutic success. In 2001, Lambert and Barley (2001) reviewed over 100 studies in the process outcome literature and discovered that the therapeutic relationship, in conjunction with therapist attributes, accounted for 30% of client change. Flückiger et al. (2012) performed a longitudinal meta-analysis to determine whether or not the research design, allegiance variables, type of treatment, and any combination thereof moderated the correlation between alliance and outcome. They discovered that none of these factors mediated the impact of the relationship between alliance and outcome, demonstrating the continued importance of this common factor across theoretical approaches. Finally, the most recent meta-analysis conducted by Flückiger et al. (2018) sought to determine if findings between 2010-2017 continued to confirm the alliance-outcome correlation. They concluded that current research demonstrated strong support for the predictive relationship between therapeutic alliance and psychotherapy outcomes.

Given the robust connection between alliance and outcome and the plethora of studies examining this correlation, a brief summary of significant findings is warranted. As

hypothesized, the therapeutic alliance is a pantheoretical factor, meaning that the counselor-client relationship correlates robustly with client change regardless of the type of therapy and length of treatment they received (Ackerman & Hilsenroth, 2003; Andrews, 2001; Flückiger et al., 2018; Horvath & Symonds, 1991). Although early research pointed to correlations between alliance strength and early therapy gains, subsequent research proved this untrue (Baldwin, Wampold, & Imel, 2007) with newer findings demonstrating a higher relation between alliance and outcome when measured later in the therapeutic process (Flückiger et al., 2018). In addition, research demonstrated that clients' perspectives of the strength of the relationship and not the counselor's was a more accurate predictor of outcome (Andrews, 2001; Bachelor, 1995; Duff & Bedi, 2010; Horvath & Symonds, 1991; Lambert & Barley, 2001). In general, therapists fall victim to self-assessment bias and often overestimate both their skills and positive client outcomes (Hannan et al., 2005; Walfish, McAlister, O'Donnell, & Lambert, 2012). As such, when therapists rated the strength of the therapeutic relationship, their perceptions of the strength of the alliance varied significantly from that of their clients (Laska, Gurman, & Wampold, 2014).

Of particular interest to many researchers was the emerging evidence of a correlation between alliance strength and the person of the therapist. Ironically, the influence of the therapist on the strength of the alliance came to the forefront as researchers attempted to control for therapist effects to determine the effectiveness of certain interventions (Blow et al., 2007). In an effort to control for therapist error in delivering certain treatments, researchers discovered that the therapist accounted for a large portion of the variance of change that clients experienced in therapy. Although studies differed in the percentages of variability in client outcome due to the influence of the therapist, most estimated that it

accounted for 6-9% (Blow et al., 2007; Constantino, Boswell, Coyne, Kraus, & Castonguay, 2017; Wampold, 2001). This discovery led many to conclude that the therapist plays a primary role in the alliance-outcome correlation, making the person of the counselor and his or her way of being a renewed topic of research (Baldwin et al., 2007; Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012; Fife et al., 2014)

### **Counselor Way of Being**

Attempts to understand the influence of the therapist on client outcome has taken many forms over the years. Depending on their theoretical orientation, theories of change, and philosophical influences, researchers have defined differently the role and person of the therapist. Before examining the research findings in this important domain, one must first consider the construct and what theorists, both past and present, have meant by a counselor's way of being. Perhaps the most influential people, historically, in formulating this concept are Carl Rogers and Martin Buber. In addition, given the philosophical and theoretical approach of the research design, I have chosen to highlight Harlene Anderson's conceptualization of this term, as her social constructionist underpinnings are particularly relevant to this study.

**Differing conceptualizations.** Carl Rogers revolutionized the field of counseling with his emphasis on the curative potential of the therapeutic relationship (Corey, 2009). He stressed that the quality of the relationship was the single greatest determinant of client change. As such, rather than relying on techniques or theory, Rogers focused on creating the type of relational environment that best facilitated change. Rogers (1956) expressed his unique perspective in this way:

In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth? (p. 9)

Furthermore, Rogers's approach was distinctive in that he placed the onus on the therapist to bring certain conditions to the relationship that he considered necessary to facilitate client change (Rogers, 1948; Horvath, 2000). These conditions became known as the core conditions and consisted of genuineness, empathy, and unconditional positive regard. Genuineness described a state of being in which therapists were deeply themselves in the relationship (Rogers, 1948; 2007). Often referred to as congruence, this condition highlighted the integrated and authentic nature of the therapist as he or she responded to and related with the client. Another core condition, empathy, described therapists' ability to enter into the client's world and experience it without losing their own sense of separateness or identity. Unconditional positive regard, the final condition, referred to a type of care and respect for the client that placed no conditions upon him or her for acceptance. In other words, when therapists demonstrated this condition to clients, clients would feel prized and know that their value was not determined by their actions whether positive or negative (Rogers, 1948; 2007).

Rogers's approach flowed out of a philosophy that affirmed the belief that authentic presence or a way of being with another resulted in mutual change (Rogers, 2007). When therapists lived these core conditions in the presence of their clients change was imminent. Therapists experienced change as well because as a participant and companion in the journey towards growth, they were constantly broadening their perspectives and increasing in self-awareness. This way of being was not a technique a therapist enacted on a client but rather a

relationship that was lived out and unique to each dyad. As such, Rogers believed that a counselor's way of being, as defined through the core conditions, were necessary for client growth and change (Rogers, 1948).

Although not a therapist, the Jewish philosopher Martin Buber influenced the mental health world with his conceptualization of a person's way of being—the I-it versus the I-Thou. Buber believed that two types of relating were possible at any given time (Buber, 1970). He called the first and most frequent type a I-it relationship. When relating from this positionality, a person interacted with another as an objective observer instead of a participant for the purpose of gathering knowledge and putting it to use. This type of relating viewed the other as an object, something to be used. In contrast, the I-Thou relationship is characterized by an encounter between two persons in which both participate fully. Given that both parties are completely present, this type of relating reflected a relationship characterized by reciprocity and mutuality (Buber, 1970).

Fife et al. (2014) demonstrate how Buber's relational philosophy contributed to their understanding of a counselor's way of being and thus provide an example of how Buber's ideas have infiltrated the field. This group of family therapists suggest that therapists relating from an I-it stance are consumed with a focus on self. For example, therapists might attempt to force clients' stories to fit certain diagnoses, ones that best align with their area of competence. When clients refuse to behave or respond in ways that please the I-it therapist, these therapists express frustration, coldness, and emotional distance. In all these ways, therapists objectify their clients, resulting in therapy being a series of interventions done to a client instead of with a client.

In stark contrast to this objectifying stance is the I-Thou positionality. Fife et al. (2014) describe this type of relationship between therapist and client very differently. In the I-Thou, therapists come to the counseling space with a genuine interest to hear from clients and understand their world. Certain ways of knowing or therapy approaches are held loosely as therapists engage in ways that create trust, safety, and authentic relationship. I-Thou therapists offer humbly to clients certain ideas, possible interventions, or reflections and do not try to force clients to accept them. Fife et al. (2014) emphasize that this way of being with clients is critical to the building of a solid therapeutic relationship. They conclude that clients change when a counselor's way of being reflects an I-Thou relationship.

Harlene Anderson, the originator of Collaborative Therapy, takes a slightly different perspective on a counselor's way of being, although undertones of Rogers and Buber remain present. For Anderson, a counselor's way of being is a philosophical stance that reflects a state of congruence between personal and professional ways of being (Anderson, 2012a). In other words, Anderson claims that therapists do not perform roles with clients but rather enter into relationship with them as one human being to another. This stance is a posture, tone, and attitude that communicates to clients that they are important to the therapist and that their unique experiences and perspectives are valuable. According to Anderson, this way of being "reflects a manner of engaging with the other that includes thinking with, talking with, acting with and responding with them, instead of to, for or about them. The significant word here is with: a 'witness'" (Anderson, 2012a, p. 136).

Although nuanced differently by each author, these conceptualizations of a counselor's way of being share several emphases. Each definition highlights that way of being refers to the manner in which therapists are genuinely themselves within the

relationship. Rather than playing a role, therapists are authentically present in the relationship. As such, therapists are not observers who attend to the client from a distance but rather enter into genuine relationship and participate fully as one human to another. Another similarity in all three conceptualizations is the idea that this way of being is something the therapist intentionally brings into the therapeutic setting. To do so, therapists are constantly monitoring their own internal reactions, beliefs, and values in response to their interactions with the client. Finally, each conceptualization values clients and prizes the contributions they make. When valued as equal partners in the change process, clients are empowered to be more authentically themselves, access their personal resources, and exercise autonomy (Anderson, 2012a; Buber, 1970; Rogers, 2007).

**“Therapist effects research.”** Given the robust correlation between the strength of the therapeutic alliance and a counselor’s way of being, researchers attempted to investigate the impact of the therapist on client outcome. The primary way in which researchers have explored this contribution is through “therapist effect research.” Therapist effect research attempts to define the variables that make some therapists more successful than others in producing positive outcomes (Baldwin & Imel, 2013). Although simply defined, this domain of research has progressed slowly due to the complications of unraveling the contribution the therapist makes from that of the client (Andrews, 2001). Early research in this area focused on correlating certain variables such as empathy with client outcome (Wampold et al., 2017). Problematic in this type of research is that it does not factor in the client level of analysis. To address this concern, more recent research efforts examined therapist effects using multilevel analyses. Taken together, these findings provide a glimpse into which therapist factors influence client growth and change.

Searching for which therapist behaviors and attributes most robustly correlate with a strong therapeutic alliance has been the greatest focus of research in this domain (Baldwin & Imel, 2013). Several studies attempted to isolate these factors. Ackerman and Hilsenroth (2003) conducted a review of literature from 1988-2000 to search for personal attributes and in-session activities on the part of therapists that influenced the alliance in a positive manner. In reviewing 25 studies representing various therapeutic approaches, the researchers identified several factors that contributed to the strength of the alliance. They categorized their findings into factors that described therapists' personal attributes and their techniques. Personal attributes that correlated with a strong alliance were as follows: flexible, experienced, honest, respectful, trustworthy, confident, interested, alert, friendly, warm, and open. Techniques that contributed positively to the alliance were as follows: exploration, depth, reflection, supportive, refers to past therapy success, accurate interpretation, active, affirming, understanding, and attends to client's experience.

Given that clients' perspectives of the strength of the alliance are more predictive of outcome, Duff and Bedi (2010) examined whether or not therapist behaviors that clients identified to be helpful contributed to the building of a positive therapeutic relationship. To do so, they performed a cross-sectional, correlational design to investigate the relationship between alliance strength and 15 factors identified by clients as being important. The overall finding was that a robust correlation between these 15 behaviors and a strong alliance existed. As such, the study proved that clients' perceptions of what contributes to the alliance does in fact lead to stronger alliances. In particular, this study provided greater understanding of which of the 15 factors were most helpful and why. Most importantly, clients rated any therapist behavior related to validation as crucial to the development of a

strong relationship. Included within these categories of therapist behaviors were asking questions, being encouraging, identifying and reflecting feeling, complimenting, and validating the clients' experience.

Several multilevel models have led to even more accurate findings of how the person of the therapist influences client outcome. Anderson, Ogles, Patterson, Lambert, and Vermeersch (2009) recruited participants for a study as well as utilized data from a previous study to examine the correlation between therapists' interpersonal skills and client outcome. To examine this correlation, the researchers enlisted 25 therapists from the previous study who had collectively seen 1,141 clients. These clients had completed pre and post measures to assess outcomes. The 25 returning therapists were then presented a series of vignettes from difficult clients and asked to respond individually as if they were this client's therapist. Independent researchers coded these responses and rated therapist on a scale of 1-5, with 5 being the highest level of facilitative interpersonal skills (FIS). Data from outcome measures were then compared to therapists' FIS ratings. Results from the study confirmed the robust relationship between therapists' FIS and positive client outcome. The researchers concluded that therapists who were effective were verbally fluent, expressed emotion, communicated hopefulness, created a bond with the client, and were persuasive, warm, and empathetic.

In addition to FIS, multilevel models identified professional self-doubt (Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2016), deliberate practice (Chow et al., 2015), in-session responsiveness (Del Re et al., 2012), and extraordinary presence (Hayes & Vinca, 2017) as therapist effects necessary to the development of a strong alliance. Therapists who invest in professional improvement and who remain self-reflective of their interactions with clients see better outcomes (Chow et al., 2015; Nissen-Lie et al., 2016). Therapists who are present,

who remain in a state of awareness characterized by an ability to remain centered while also staying attuned to the client, are more engaged with the client and respond to the needs of the moment (Del Re et al., 2012; Hayes & Vinca, 2017).

Interesting to note as well are the therapist effects that do not correlate with or predict client outcome. Demographic information such as age (Wampold et al., 2017) and gender (Okiishi et al., 2006) do not appear to influence client change. Although therapists' belief in a treatment does correlate with outcome (Blow et al., 2007), the theoretical approach they use does not (Horvath & Symonds, 1991; Okiishi et al., 2006; Wampold et al., 2017). In other words, when therapists believe in their treatment, clients respond more eagerly and report better outcomes. In addition, the therapists' professional degree, amount of training, or level of experience does not correlate with alliance strength or outcome (Wampold et al., 2017; Okiishi et al., 2006).

In sum, empirical research demonstrates a robust and even predictive relationship between the strength of the therapeutic alliance and a therapist's way of being in influencing client outcome. Research supports the conclusion that effective therapists are able to build and maintain strong therapeutic relationships and thus facilitate an environment that nurtures client growth. More than theoretical orientation, technique, or years of experience, these two common factors, the therapeutic relationship and the person of the therapist, account for the highest percentage of variance of outcome. As such, the majority of research in this domain has focused on identifying attributes or actions of the therapist that correlate with positive outcome.

## Conclusion

This literature review highlighted the most salient research in the area of religious coping and common factors. Decades of research supports the findings that r/s struggles are a phenomenon relevant to the general population that if left unchecked can lead to serious psychological distress. In an attempt to alleviate this spiritual suffering, researchers identified the predictors of growth and decline and created interventions geared at helping participants resolve r/s struggles. Initial outcome research supports the efficacy of these interventions as participants report fewer negative symptoms and increased spiritual growth. To further investigate how therapy can be a vehicle of change for individuals with r/s struggles, the common factors research was explored. Time and again, research in this area points to the power of the therapeutic relationship in predicting positive client outcome. In this relationship, therapists seem to have particular influence, making their way of being particularly relevant to discussions of client change.

However, despite this plethora of research in the domain of religious coping and common factors, several questions remain unanswered. One, researchers have much to understand about the actual pathways individuals take towards resolution. Although Keith's (2017) stages of resolution provide markers of where individuals might be in their process, the manner in which they move from one stage to another needs more elucidation. Two, the role that counseling plays in this journey towards resolution is absent from the data. The counseling context only takes on importance in the literature when researchers are investigating the efficacy of certain interventions. As such, the findings only confirm or disconfirm prescribed pathways, leaving other possible resources to resolution unidentified. Researchers have yet to explore what pathways might emerge organically in a counseling

context. Three, none of the research looks specifically at how the two most important therapeutic factors, the counseling relationship and a counselor's way of being, influence these pathways. What research there is on the impact of these two common factors often falls short in that it does not examine the interaction between the factors (Ackerman & Hilsenroth, 2003; Fife et al., 2014). Given that these two common factors are the greatest predictor of positive outcome, this gap is glaring.

To advance understanding in the fields of religious coping and common factors, specifically how the therapeutic relationship and the counselor's way of being influences the manner in which clients resolve r/s struggles, researchers and therapists need to hear from differing philosophical and methodological viewpoints. Most of the existing data is based upon a modernist understanding of knowledge, one that prioritizes objective ways of knowing. As such, the primary research paradigm utilized quantitative measures with hopes of generalizing findings to larger populations. Lost within this paradigm are the voices of those who have actually struggled spiritually and emerged with narratives of growth and resilience. These individuals have much say as they are the true experts in how to resolve r/s struggles. To invite clients into the conversation, I will use a hermeneutical phenomenological methodology built upon the philosophical foundations of social constructionism to explore how clients' lived experiences of the therapeutic relationship and the counselor's way of being influence pathways towards growth or decline in the midst of r/s struggles.

## Chapter 3

### Research Design

Religious and spiritual struggles are a frequent companion to those experiencing various types of adversity. Left unaddressed, these types of struggles correlate robustly with negative psychological outcomes. Although research on the topic is growing exponentially, researchers and therapists still know very little about the pathways individuals actually take towards growth or decline in the midst of r/s struggles. Initial interventions suggest that certain topics can be beneficial in helping individuals resolve their r/s struggles in a way that leads to growth. However, these interventions take a prescriptive approach and do not examine the role of the therapeutic relationship or a counselor's way of being, two of the strongest common factors predicting positive outcome, into account. Furthermore, common factors research falls short in examining the relationship between these two factors, leaving researchers and therapists wondering how the interaction between the therapist and client influences the pathways that clients take in the midst of r/s struggles. Therefore, the purpose of this study is to investigate the clients' lived experience of the counselor-client relationship and the person of the counselor and how this relationship influences the different pathways clients take towards resolving r/s struggles. To accomplish this aim, the following questions guided the study:

Q1: What are the pathways that clients take towards growth or decline in the midst of r/s struggles?

Q2: How does the client's experience of the therapeutic relationship influence these pathways?

Q3: How does the client's experience of the counselor's way of being influence these pathways?

Before describing the research method and design, I will discuss the philosophical underpinnings that inform my therapeutic approach in this study. As a practitioner, I approach therapy from a postmodern, social-constructionist stance that affirms the tenet that individuals co-create meaning through language within the context of relationship. Therefore, I draw greatly from the social constructionist paradigm that underlies most postmodern psychotherapies. This philosophical stance undergirds the manner in which I conceptualize the therapeutic relationship and the counselor's way of being, and it informs greatly my selection of hermeneutical phenomenology as the study's methodological approach.

### **Social Constructionism**

Social constructionism (SC) is a philosophical inquiry concerned with how people come to understand and describe their experience within the world (Gergen, 1985). Unlike the positivist approach of modernity which presupposes an independent and objective reality, SC affirms that people create knowledge communally rather than discover it objectively. In other words, people do not uncover knowledge through scientific observation and empirical testing; instead, they engage in the task of constructing their understanding of the world within the context of relationship and through the medium of language (Goolishian & Winderman, 1988). Knowledge, according to this worldview, is flexible, communal and always evolving (Anderson, 2003).

Given this view of knowledge, language in the paradigm of SC is central. Modernist assumptions describe language as an accurate reflection of objective reality or truth

(Anderson, 2003; Goolishian & Winderman, 1988; von Glasersfeld, 1988). Meaning, then, is static and exists separately from and outside of conversation (Goolishian & Winderman, 1988). Social constructionism, on the other hand, views language as the medium through which people create knowledge (Anderson & Goolishian, 1988). As such, language does not carry fixed meanings from speakers to listeners but rather is the vehicle through which both interactively make sense of the world (von Glasersfeld, 1988). Said differently, humans as linguistic and communal beings give meaning to their lived experiences through the medium of language (Anderson, 2003). Given that humans have the capacity at any point to speak differently about their experiences, language remains flexible, creative, and open-ended (Anderson, 2003).

Within the context of therapy, this philosophical orientation greatly informs the nature of the therapeutic relationship and the counselor's way of being. Modernist paradigms view the therapist as the expert who observes the client, assesses the problem, and prescribes a solution (Bertrando, 2007). As experts, therapists have access to bodies of knowledge that give them privileged understanding and insight into clients' experiences, a position of power that allows them to determine the tasks and goals of therapy (Parry, 1991). Obviously, this way of being prioritizes expert knowledge and assumes that objective, universal solutions exist. As such, therapists prioritize their own perspectives and understanding, resulting in a silencing of clients' local knowledge, their relational ways of knowing that arise from interactions within a specific community and context (Anderson, 2007b).

In contrast, postmodern therapies frame the counselor-client relationship as collaborative and dialogical (Anderson, 2003). From this approach, therapists and clients work together as both are experts in different domains and thus have an equally valuable

voice in the relationship. Clients are the experts in their own lives, meaning that they understand their perspective, context, resources, and potential solutions better than the therapist (Anderson, 2003; De Jong & Berg, 2002; White, 1991). The expertise the therapist brings to the table is a relational and dialogical one (Anderson, 2007a). Skilled in language and the ability to facilitate a safe, relational space, postmodern therapists exercise expertise as they help clients explore their worlds, identify assumptions, question current meanings, and identify solutions (Anderson, 2005; De Jong & Berg, 2002). To do so, therapists become learners and assume a not-knowing stance, one that values the client's perceptions and does not assume that the therapist's perceptions and solutions are more accurate or potentially more effective than the client's (Anderson, 2005; Anderson, 2007a; De Jong & Berg, 2002). In fact, therapists practicing from a postmodern perspective believe that it is impossible to fully understand the lived experience of another, making humility a necessity (Strong, 2000). This philosophical stance presumes that the client is competent, resilient, and resourceful (Anderson, 2003; De Jong & Berg, 2002; de Shazer & Dolan, 2007; Strong, 2000).

In addition to being a collaborative stance, a postmodern, therapeutic relationship is dialogical as well (Anderson, 2003). As previously mentioned, SC holds to the tenet that language is the vehicle through which people describe and give meaning to their lives (Anderson, 2007b). Given that people are meaning-making creatures, the primary aim of therapy from a postmodern perspective is to engage in dialogue with the hope of negotiating preferred meanings (Anderson, 2003; de Shazer & Dolan, 2007; White, 1991). In other words, counselor and client enter into a conversation, a shared inquiry, in which each person seeks to understand the other (Anderson, 2003). Therapists explore how clients are making meaning of their lives by remaining curious, asking questions, and offering suggestions

tentatively (de Shazer & Dolan, 2007; Strong, 2000). Clients interact with these responses and suggestions by either building upon them or reshaping them, resulting in further clarity and expanded understanding. This dialogical process continues as both therapist and client interact with the client's story in such a way that new meanings are created (Anderson, 2005).

Inherent within a SC approach to therapy is a focus on what is created between the therapist and client. Although prior knowledge, the lived experiences of each person, and contextual identifiers all influence the conversation, true transformation occurs when two people in a shared encounter talk in new ways and create new realities (Anderson, 2007a). This encounter is a phenomenological one, meaning that each person experiences something of the other and walks away altered (Duff & Bedi, 2010; Strong, 2000). To define the essence of this relationship with any absolute certainty is impossible; yet to explore the subjective experience of this interpersonal bond is critical to understanding how individuals resolve r/s struggles. For this reason, rather than focusing on expert knowledge gathered from quantitative research that prescribe pathways, I have chosen to invite clients, the true experts, to speak to their experiences. As a researcher, I aimed to walk alongside, collaborate, and help co-create meaningful data, making hermeneutic phenomenology an effective vehicle for addressing my research questions.

### **Hermeneutic Phenomenology**

Hermeneutic phenomenology is a research approach that grew out of a philosophical movement and thus has deep roots within this discipline (van Manen, 2016). Therefore, to understand this inquiry as applied to psychological research, a tour of its philosophical beginnings is helpful and even necessary. First, I will provide a brief overview of

phenomenology and hermeneutics, tracing specifically the contributions of Edmund Husserl, Martin Heidegger, and Hans-Georg Gadamer. Next, I will discuss how these contributions shaped hermeneutical phenomenology research with an emphasis on the role of the hermeneutic circle in interpretation. Finally, I will present my horizon—the assumptions, values, biases, and lived experiences that I bring to this research project.

## **Phenomenology**

**Husserl.** History credits Edmund Husserl as the founder of phenomenology, a philosophical approach to the study of experience that grew in prominence in the late 1800s (Hein & Austin, 2001). Husserl disagreed with his contemporaries over the use of natural science methodologies to study human subjects (Lavery, 2003). He argued that these techniques were ineffective because humans not only react to stimuli but also their perceptions of stimuli, making a person's experience vital to research interests. As such, he asserted that the aim of human science should be to gain an understanding of everyday experiences or one's lifeworld (van Manen, 2016). For Husserl, this lifeworld encompassed phenomena that individuals often took for granted in their daily lives or were simply common sense. In other words, he claimed that most of life's experiences happened outside of one's consciousness, leaving their essences unexplored (Lavery, 2003). Only by exploring these phenomena would the human sciences be able to engage in the search for what it means to be human and to live more fully within that reality (van Manen, 2016).

To address this gap, Husserl put forward the science of phenomenology and argued for a rigorous and systematic approach to the study of consciousness (Hein & Austin, 2001). He pursued methods that allowed people to know their own experience to such depth that they were able to identify the essence of the experience, or said differently, the essential

qualities that made an object what it was (Smith, Flowers, & Larkin, 2009). To accomplish this aim, Husserl insisted on the adoption of a phenomenological attitude which consisted of a turning one's attention inward towards the perception of objects within the lifeworld as opposed to the objects themselves. This attitude, or gaze as he called it, required an intentional engagement in a series of reductions. Simply defined, a reduction was a way of looking at, describing, and reflecting upon a phenomenon. The more reductions, the greater the possibility that one could arrive at the core structures or true essence of a phenomenon (Lavery, 2003).

For Husserl, an important prerequisite to adopting this phenomenological attitude was bracketing, a practice of suspending one's previous knowledge about a phenomenon (Lavery, 2003). To arrive at the essence of an experience, Husserl declared that one must first set aside previous beliefs, judgments, biases, or assumptions about the phenomenon. A successful bracketing would allow one to see a phenomenon clearly and describe it accurately. For Husserl, this clear description was the goal of phenomenological inquiry as it evidenced individuals' ability to grasp consciousness directly (Lavery, 2003).

**Heidegger.** Although a student of Husserl, Martin Heidegger took his mentor's work in a different direction, focusing on hermeneutic and existential aspects of phenomenology (Smith et al., 2009). For Heidegger, to be human was to be an interpreter (Lavery, 2003). As such, he believed all knowledge passed through an interpretative lens originating from one's cultural and historical setting. He asserted humans are beings-in-the-world, historically situated persons who only understand experience in a contextually limited manner (Hein & Austin, 2001). To describe this unique human quality, Heidegger employed the term *Dasein*. He claimed that *Dasein* is "always already thrown into this pre-existing world of people and

objects, language and culture, and cannot be meaningfully detached from it” (Smith et al., 2009, p. 17). As such, Dasein emphasized one’s interdependence with others and their role in how one made sense of the world (Conroy, 2003). For Heidegger a universal understanding of reality was not possible, as one’s knowledge of the world was contextually and historically limited (Lavery, 2003).

Given the historically situated, interdependent nature of individuals’ relatedness to the world, Heidegger aimed to describe how people made meaning of their experiences (Smith et al., 2009). Asserting that meanings were not individual creations, he encouraged a form of inquiry that explored meaning with an eye towards its communal constructions. To do so, Heidegger placed an emphasis on history and language and their essential role in creating meaning (Hein & Austin, 2001). As such, Heidegger rejected Husserl’s assertion that the structures of any one phenomenon were universal and instead posited that multiple interpretations were possible.

Unlike Husserl, Heidegger rejected the concept of bracketing as necessary to exploring lived experience (Lavery, 2003). A division between person/experience and description/interpretation was impossible from his viewpoint. In fact, even more than asserting that individuals were inseparable from their experiences, he contended that they co-constituted each other. In other words, individuals interpreted their experiences based upon cultural understandings and in turn created understandings that made up their world. As a result, because one could not stand outside of their pre-understanding and historical context, Heidegger believed bracketing was impossible. Furthermore, he claimed that although fore-structures influenced interpretations, individuals could never identify all of them in advance. Often individuals only became aware of preconceptions during the exploration of a

phenomenon. Therefore, to assume that individuals could bracket preconceptions did not take into account the dynamic nature of interpretation (Smith et al., 2009).

## **Hermeneutics**

Originating in biblical studies, hermeneutics is the theory and practice of interpretation (van Manen, 2016). Hermeneutics explores the methods and purposes of interpretation and seeks to understand the relationship between a text and its reader (Smith et al., 2009). As previously noted, Heidegger brought this theory to phenomenology, insisting that interpretation was inseparable from meaning. Hans-Georg Gadamer sought to apply Heidegger's approach in practical ways by illuminating the conditions which made understanding possible (Lavery, 2003). To identify these conditions, Gadamer suggested investigating the bond between the reader and the text and language and understanding. He agreed with Heidegger that "language is the universal medium in which understanding occurs. Understanding occurs in interpreting." (as cited in Lavery, 2003, p. 25). For Gadamer, interpretation was a dialogue between a reader, who is by nature an interpreter, and a text. Although the author of a text might have had specific meanings in mind, Gadamer emphasized that current meanings will be influenced more by the interpreter's historically situated context. In other words, current understandings influenced a text's interpretation more than the original intent of the author, an intent that was impossible to decipher (Smith et al., 2009).

As opposed to bracketing, which he believed to be impossible, Gadamer discussed the idea of a fusion of horizons (Lavery, 2003). He defined a horizon as all that one could see within a range of vision given a certain vantage point. Having a horizon was necessary, in Gadamer's opinion, for seeing new possibilities and gaining new understanding. In fact,

understanding evolved when horizons fused or came together in ways that shed new light on a phenomenon (Crowther, Ironside, Spence, & Smythe, 2017). Questioning was Gadamer's main tool, as this process opened up possibilities and helped make new horizons possible (Lavery, 2003). Given that understanding was an evolving process in which an infinite number of horizons merged to create new meaning, he believed that a universal or definitive interpretation was impossible.

### **Hermeneutic Phenomenology as Research Method**

The ideas of these three seminal philosophers provide a glimpse into the development of hermeneutic phenomenology (HP) and highlight the necessities of this research approach. Hermeneutic phenomenology concerns itself with the detailed exploration of lived experience with the aim of constructing a possible interpretation of the nature of the experience (Smith et al., 2009; van Manen, 2016). Examining this lived experience requires allowing individuals to express in their own words, from their own perspectives, the meanings they give to these experiences. Researchers come alongside participants in a spirit of phenomenological reflection and help to make visible the meaning structures of the lived experience. As such, HP involves a double hermeneutic, meaning researchers attempt to make sense of participants who are making sense of a specific phenomenon (Smith et al., 2009). To do so, researchers assume a dual role, one of empathy and one of questioning. Empathetically speaking, researchers do all they can to understand the experience from participants' perspective. The essential question here is, "What is this experience like for you?" On the other hand, researchers aim to explore the phenomenon from multiple perspectives by asking questions and wondering alongside participants what an experience might mean. The result of this collaboration is a written text that expresses the co-

constructed meaning of the phenomenon by highlighting thematic aspects of the experience (Smith et al., 2009).

Perhaps the most important concept for researchers working from a HP perspective is that of the hermeneutic circle (Conroy, 2003; Hein & Austin, 2001; Laverly, 2003; Smith et al., 2009; van Manen, 2016). This circle represents how interpretation is a circular process that focuses on the dynamic relationship between the part and the whole. Data collection and analysis enter into this circular inquiry at multiple levels of interpretation, making these two processes inseparable (van Manen, 2016). In fact, each stage of HP research employs this dance between parts and wholes, researcher and participant, description and interpretation. Therefore, HP does not adhere to a strict protocol for collecting and analyzing data but instead encourages a flexibility that is both iterative and inductive (Smith et al., 2009; van Manen, 2016).

Consistent with Heidegger, HP researchers assert that bracketing is impossible, as one's assumptions and perspectives are deeply embedded in their way of being (Hein & Austin, 2001). Instead, many HP researchers adopt Gadamer's concept of horizon as a way of acknowledging any fore-structures and making them explicit. As previously mentioned, researchers humbly recognize that these fore-structures are not only incomplete but continually emerging through interaction with the text. Said differently, although HP researchers acknowledge that they can know some preconceptions in advance, they remain open as engagement with a phenomenon can reveal hidden assumptions or even create new ones (Smith et al., 2009).

In sum, HP adheres to the belief that description without interpretation is impossible. Humans are by nature interpreters and these interpretations are informed by context.

Hermeneutical phenomenology aims to explore these interpretations, to delve deeply into the meanings that people assign to their experiences. Researchers collaborate with participants to explore and co-create these meanings, making HP congruent with my philosophical stance and an appropriate avenue for addressing my research questions. However, before moving to matters of methodology, I present my own horizon, the vantage point that shapes my current understanding of the phenomena under investigation.

### **My Horizon**

Van Manen (2016) exhorts hermeneutic phenomenologists to ask questions in which they find themselves deeply interested. In fact, he claims that one must interact with these questions from the core of one's being. Researchers working from this methodological perspective do not adopt and then discard questions but rather live and become the questions. Personally and professionally, this stance toward research resonates deeply with me. The questions I am asking are ones that I live as an individual and a therapist. Not only have I experienced the types of struggles that I am exploring, but also I daily walk alongside clients who wrestle to make sense of their own. As such, I come into this research project with personal experience that leads to certain biases, assumptions, and values. In accordance with the concept of horizon, I make my vantage point public in order to acknowledge and attend to its influence on the interpretive process inherent in my methodological approach.

Personally, I am a deeply spiritual and religious person. From the age of seven, I have been a committed member of a religious community. As a teenager, I embraced the Christian faith and whole-heartedly began to structure and organize my way of seeing and being in the world according to this framework. Although I encountered adversity throughout my childhood and adolescence, I never questioned my basic beliefs about God.

However, during my college years, I found myself overwhelmed with doubts about God's existence and the role of the church in the world. Feelings of guilt about my wavering faith led me to keep my r/s struggles to myself. Months of anguish followed in which I experienced heightened levels of anxiety. Eventually, through reading and prayer, I exited this season of struggle with a deeper understanding of my faith and a stronger connection to God. As such, I hold the assumption that r/s struggles are distressful but have the potential to lead to great spiritual growth.

As an adult, I sought personal counseling for distress associated with living and working in a different culture. Although the main goals of my therapy centered on overcoming burnout, I realized quickly that once again I was in a season of r/s struggle. My disillusionment with my career was also disappointment with God. My counselor walked alongside me for over a year, listening to and interacting with my doubts, disappointments, and confusion. Looking back on that season, I am unable to define specifically what she said or did that helped usher me into a place of renewed faith and overall positive well-being. All I am sure of is she was a necessary partner on my healing journey. As such, I value counseling and believe that what happens between a counselor and a client can lead to powerful transformation.

Professionally, I have lived my questions as well. With a desire to understand the underpinnings of my beliefs at a deeper level, I attended seminary and received training in hermeneutics and theology. I spent the first decade of my professional life in ministry, working specifically in the area of spiritual growth and development. In this position, I had the honor of interacting with others as they struggled with questions of faith and practice. Walking through these times of spiritual darkness with others compelled me to further my

training by returning to earn my Masters in Counseling. Since that time, I have worked as a therapist and walked alongside clients in distress. On a daily basis, clients invite me into their spiritual pain, recounting narratives of anxiety and confusion over the dissonance between their r/s beliefs and their lived experiences of adversity. I consider it a privilege to enter into these r/s struggles with clients and believe that the counseling space can be a place of healing and growth.

These lived experiences give shape to certain biases, values, and assumptions about r/s struggles, the counseling relationship, and the person of the counselor. Although I am sure many more preconceptions exist outside of my awareness, these formed the basis of my understanding at the moment I began this study. To maintain an awareness of my horizon throughout the course of my research, I engaged in self-reflection through journaling. I wrote about my personal experience with the participants and the thoughts, beliefs, and assumptions that arose in my interaction with their lived experiences of the counseling relationship. I recorded my shifts in understanding, noting new fore-structures that emerged in my growing understanding of the phenomenon.

## **Methods**

### **Participants**

Consistent with HP research methods, I used selective, purposeful sampling that relied heavily on referral (Smith et al., 2009). Given that I am also a Licensed Professional Counselor who works at a counseling center with eight other therapists, I recruited participants from my workplace. A Christian counseling center in the Dallas/Fort Worth area, this center offers mental health services to the local community at greatly reduced rates. Due to its low fee structure and religious affiliation, the center draws clients from diverse

backgrounds, many of whom seek counseling because they desire a faith-based component to their therapy. As such, the center was an ideal context from which to recruit participants who had sought therapy for distressful experiences that elicited r/s struggles.

As suggested by HP researchers, I searched for four to six participants, a sample size large enough to provide a variety of perspectives of the phenomenon (Creswell, Hanson, Clark, & Morales, 2007; Hein & Austin, 2001). Participants had to meet the following criteria: (a) be at least 18 years of age, (b) sought counseling within the last year or currently be in counseling, (c) experienced a difficulty that led to conflict, confusion, or doubts regarding their r/s beliefs, connection to the sacred and/or relationship to a religious community, and (d) discussed these conflicts, confusions, or doubts (r/s struggles) with a therapist. To confirm that they had experienced a r/s struggle as defined above, participants completed the Religious and Spiritual Struggles Scale (Appendix B). For inclusion in the study, participants had to score “somewhat” or higher on two or more of the questions. Exclusion criteria included anyone currently in crisis or presenting with active suicidal ideation.

To recruit, I sought approval from the clinical director to email my fellow counselors for potential referrals for the study. The email explained the nature of the study and described participant inclusion and exclusion criteria. Counselors approached clients who fit the criteria, explained the study, and asked clients if they would be willing to dialogue with me about possible participation. In order to minimize the possibility of coercion, the counselor emphasized that participation was voluntary and that any decision the client made would not impact the therapeutic relationship. If the prospective participant expressed

interest, the counselor asked for him/her to give written permission that allowed me to contact him/her by email for more detailed information.

In this participant contact email (Appendix A), I communicated the following: the nature of the study, the qualifications necessary for participation, the time commitment required, the conditions of confidentiality, and the monetary compensation. I asked those who were interested in participating to complete and return the Religious and Spiritual Struggles Scale (RSS) to determine eligibility (Appendix B). I mailed the RSS to them along with a self-addressed stamped envelope. After receiving and reviewing the RSS, I notified participants of their eligibility via email. For participants who qualified, I requested three possible times to perform a telephone screening interview. For participants who did not qualify, I sent an email thanking them for their time and willingness to participate.

I called participants in order from most likely to qualify to least likely to qualify based upon the results of the RSS. During this phone interview, I reviewed the “Consent to Participate in Research” form (Appendix C) and allowed participants to ask questions for further clarification. Before addressing the screening questions, I asked participants for consent to take notes during the interview and explained how this information, as well as results from the RSS, would become part of the data should they decide to take part in the study. After notifying participants that I would be taking notes of the conversation, I screened the potential participants with a 15 minute telephone interview. While on the phone with those who qualified, I set a time and designated a location for the first interview. After two months of recruiting and screening, I had four qualifying participants and moved forward with the interview process.

## **Materials/Instrument**

In-depth interviews are the main data source in HP research (Smith et al., 2009). Face-to-face interviews create a relational space in which the participants can explore their lived experiences and reflect upon them openly. Through this interaction, the researcher is both gathering material to understand the phenomenon and reflecting upon it with the participant (van Manen, 2016). In other words, as researcher and participant dialogue together, they enter into the hermeneutical circle and co-create data (Laverly, 2003). Multiple interviews allow researcher and participant to enter into this hermeneutical circle on multiple occasions with the aim of creating a collaborative and in-depth final product (Smith et al., 2009; van Manen, 2016). Therefore, I participated in three, in-depth interviews with each participant to gather, explore and co-create narrative material that reflected a rich understanding of their r/s pathways, and their experience of the therapeutic relationship and person of the counselor (van Manen, 2016). To stay as close to the lived experience as possible, I used semi-structured interview protocols (Appendix E) to begin the interviews (Smith et al., 2009; van Manen, 2016). Subsequent interview protocols reflected emerging themes and explored deeper understandings of participants' experiences.

Given that each participant participated in three separate interviews, I invited all participants to create artifacts such as journals, diaries, photographs, or drawings if they so desired. These artifacts would allow participants to keep a record of or express insights, patterns, or reflections that arise as a result of the interview process (van Manen, 2016). During the second and third interviews, participants had the opportunity to share their artifacts and discuss how these items helped facilitate deeper reflection of their lived

experiences in counseling. The content of these materials served as secondary data sources to aid in the discovery and identification of emerging themes.

I kept a journal throughout the research process to maintain a reflective and reflexive posture (Conroy, 2003). This journal acted as a decision trail and log that helped track my emerging understanding and interpretations of the participants' experiences within and across interviews. I noted emerging themes and questions that arose within the context of each interview and allowed these early interpretations to guide subsequent interviews (van Manen, 2016). In addition, journaling allowed me to maintain a reflexivity, as the very act of writing ushered me into the hermeneutic circle where I moved from my pre-understandings to reflecting upon and interpreting the participants' experience (Laverly, 2003). I noted recollections, impressions, significant moments, and any initial observations as a means of acknowledging fore-structures that influenced the manner in which I was interacting with the text, experiences, and reflections of the participants (Hein & Austin, 2001).

In addition to these qualitative data sources, I used The Religious and Spiritual Struggles Scale (RSS). Developed in 2014 by Exline, Pargament, Grubbs, and Yali, this 26-item measurement assesses six domains of r/s struggle: divine, demonic, interpersonal, moral, doubt, and ultimate meaning. Participants identified whether or not statements representing each of the domains resonated with them by responding with one of the following: not at all, a little bit, somewhat, quite a bit, or a great deal. The assessment renders one overall score that determines the level of r/s struggle. The scale demonstrates good internal consistency and evidence of convergent, discriminant, and predictive validity (Exline et al., 2014). The RSS served several purposes in the study: to assess for eligibility, to identify the types of struggles present, and to gauge struggle severity.

## Data Collection

I conducted three separate face-to-face interviews with each participant. Before the beginning of the initial interview, I reviewed informed consent, the requirements for participation, withdrawal procedures, and conditions for monetary compensation. Participants had the opportunity to ask questions and address any concerns. After receiving permission to continue, I had the participants sign the “Consent to Participate in Research” form (Appendix C), “Media Release Form”, and the “Demographic Form” (Appendix D). I explained the process of transcription and emphasized that I would save the audio file on a password protected flash drive until such a time as the written transcript was completed. I deleted the file from the flash drive after transcribing the interviews.

My initial interview with participants was semi-structured and was guided by the interview protocol (Appendix E). Beginning questions focused on the participants’ description of their r/s struggle and the conditions under which they sought counseling. After exploring these areas, I used focused, open-ended prompts to explore and gather experiential narrative material about the participants’ r/s pathways, the therapeutic relationship, and the person of the counselor (van Manen, 2016). Given that I believe that participants are the expert in their own experience, I followed participants’ lead and asked follow-up questions with the aim of gathering richer and deeper descriptions of their experiences (Conroy, 2003). After completing the interview, I thanked participants for their time and set up the second interview. I invited the participants to create artifacts, if they desired, during this time period and bring them with them to the second interview. I reflected on each interview and journaled within 24 hours initial insights, patterns, and emerging questions for subsequent interviews (van Manen, 2016; Smith et al., 2009).

For my second interview, the interview protocol (Appendix F) consisted of questions that emerged from the initial interviews, my reflections recorded in my journal, and my initial interpretations (van Manen, 2016). I invited participants to share any insights or reflections from the previous interview either through their created artifact or through recollection. Mutually reflecting on the previous interview helped us both achieve deeper interpretive insight (van Manen, 2016). In addition, this exchange allowed me the opportunity to search for misperceptions, make clarifications, explore key ideas and words, and delve deeper into the participants' understanding (Conroy, 2003). At the conclusion of the second interview, I again invited participants to continue creating artifacts if they desired to do so.

The third interview consisted of wrap-up questions and a time of mutual reflection in which participants had the opportunity review my interpretations and make final contributions (Smith et al., 2009). Participants once again had the opportunity to present their artifacts and/or recollections from the previous interview. In addition, I asked participants to comment on their experiences in the research process. Together, we reflected on how participating in the research project helped shape the meaning they were giving to their r/s struggles and their experiences in counseling.

Although a full understanding of any phenomenon is impossible, my goal in this final interview was to reach a point where further conversation would not serve to give a deeper understanding of the phenomenon (Lavery, 2003). Van Manen describes this moment in HP research as a fulfilled silence, a satisfied pause after a rich conversation (van Manen, 2016). The conversation could continue, but its meaningfulness would not necessarily increase. After both the participant and I had a sense of fulfilled silence, I ended the interview, thanked

the participant, and compensated him/her. In the spirit of informed consent, I reminded the participant that the last opportunity for withdrawal from the project was 24 hours after the conclusion of the interview.

Although I invited all participants to create and share artifacts with me throughout the research process, only one participant did so. Beth wrote poetry throughout her therapeutic experience and brought copies of several poems to the second interview. She gave me permission to keep these poems and use them as secondary data sources to compliment the material she was providing in her interviews.

### **Data Analysis**

As previously mentioned when describing the hermeneutic circle, the HP research approach is fluid and dynamic. Gathering and analyzing data are not separate processes but intricately linked steps in a hermeneutical dance (van Manen, 2016). In addition, HP research does not prescribe to a set method of data analysis but rather offers suggestions and guidelines from various traditions (Smith et al., 2009). Although van Manen has contributed significantly to my overall stance as an HP researcher, I chose the steps of Interpretative Phenomenological Analysis to guide me through the data analysis process (Smith et al., 2009).

After each interview, I spent time reflecting on my own personal experience of the interaction with the participant. I noted any surprising insights, questions, points of confusion, significant moments, and other observations. Most importantly, I reflected on any unacknowledged or shifting fore-structures that came into my awareness. This activity helped cycle me through the hermeneutic circle as I moved from the participant's world back into my researcher world before attending to the transcription process (Smith et al., 2009).

In the first step of the data analysis process, I listened to the audio taped interview and transcribed it. By reading and rereading the transcript and any written artifacts provided by participants, I immersed myself in the data and became intimately acquainted with the participant's account. The second step consisted of initial noting, meaning I paid attention to the content, especially the language the participant used to describe his/her experience. In doing so, I looked for key relationships, places, events, moments, interactions, values, and processes that had meaning for the participant. Practically, I made descriptive, linguistic, and conceptual notations in the margin. Descriptive comments consisted of identifying key words, phrases, or explanations that described the content of the interview. Linguistic notations highlighted specific language uses such as idiomatic phrases and metaphors. When making conceptual comments, I took the posture of interrogating the text so that I could begin to understand the meaning the participant was making of his/her experiences (Smith et al., 2009).

Step three of my analytic process was to develop emerging themes. In this stage, I focused more on my notes than on the transcript in order to create phrases that conceptually captured their meaning. To do so, I looked for connections and patterns between my notes, pulling out key words and phrases and linking them to my initial interpretations. My goal was to produce thematic statements that captured a basic understanding of the participant's experience. This stage moved me into a new phase, one in which I reduced to parts the whole of an interview and began to organize and analyze it (Smith et al., 2009).

In step four, I began looking for a connection across my emerging themes (Smith et al., 2009). Using techniques such as abstraction, polarization, contextualization and numeration, I searched for how my themes fit together. My goal in this stage was to group

themes according to super-ordinate themes. To document my process and how I made decisions about interpretations and themes, I took notes in my journal. In addition, I composed paragraphs reflecting my early interactions with the text. These writings and notes helped to form the basis for further interviews and interactions with participants (van Manen, 2016).

Step five consisted of moving to the next interview from a different participant and repeating steps one through four (Smith et al., 2009). In HP research, each interview is treated separately in the initial stages in order to allow for new themes to come to the surface. Given my research design, I had three interviews with each participant. Therefore, I did not conduct a second interview with a participant until I had concluded steps one through four pertaining to the first interview. As such, I was able to use my emerging understanding to give direction to the second interview as well as inform subsequent interviews with other participants. I followed the same procedure with my second and third interviews.

Finally, step six involved looking for patterns and connections across all participant interviews. I identified the strongest themes, changed labels as needed, and created a master list of themes. To represent my findings, I produced a table of these master themes and linked them to direct quotes from participants. After conducting my third interview, in which participants engaged in member checking, I wrote up my final analysis (Smith et al., 2009).

### **Assumptions**

Certain assumptions underlie hermeneutic phenomenological research. The assumptions on which I based this HP study are as follows:

- Lived experience is accessible to individuals through intentional reflection (van Manen, 2016).

- Human lived experience can be expressed and made intelligible through language; however, language is incapable of fully capturing the essence of the experience (Hein & Austin, 2001).
- Lived experiences are complex and therefore no singular description can encapsulate them (van Manen, 2016).
- Subjective experience is a valuable source of knowledge (Smith et al., 2009).
- Whether written or oral, experiential accounts are never identical to the lived experience itself (van Manen, 2016).
- Final descriptions or interpretations of any lived experience is not possible (Smith et al., 2009; van Manen, 2016).

### **Delimitations**

In line with HP research suggestions on the topic of homogeneity (Smith et al., 2009), I chose to recruit only adult participants who identified as Protestant Christian. Religious and spiritual beliefs and practices across world religions can be very diverse and thus to mix participants from different faiths would have introduced confounding variables that could have diluted my findings (Bowland et al., 2011). How a Christian addresses r/s struggles might differ radically from how a Muslim or Hindu might do so. Having a homogenous group in regards to r/s beliefs allowed me to examine the variability between participants in detail, noting areas of convergence and divergence (Smith et al., 2009). In addition, I chose to only recruit adult participants, as r/s struggles are more prominent in adulthood (Bryant & Astin, 2008; Desai & Pargament, 2015).

## **Rigor and Trustworthiness**

Given that HP does not adhere to the tenet that fixed essences exist, researchers do not use a positivist framework to evaluate their work (Rashotte & Jensen, 2007). Instead, HP researchers focus on issues related to how they are representing the participant's voice, how they are attending ethically to the relationship, and how relevant the text might be to the larger community. As such, they reject evaluative criteria such as validity and reliability and concern themselves more with an ethic of rigor and trustworthiness (Creswell, 2013). A rigorous HP study will elucidate the meaning of lived experience with such a precision and completeness of detail that the essence of the phenomenon is recaptured and brought back into our conscious awareness (van Manen, 2016)

To address issues of rigor and trustworthiness, I applied the tests of credibility, applicability, and consistency at each phase of my research process (Conroy, 2003; Guba & Lincoln, 1981). Credibility is the extent to which my interpretation mirrors the participants' subjective accounts and the meaning they attributed to their experiences. Inherent with my methodological approach is the belief that participant and researcher co-construct data (Laverty, 2003). The very questions I asked directed participants to investigate certain aspects of their experience. Their responses elicited certain reactions and follow-up questions from me. In addition, given that my aim was to understand the meaning my participants were making of their experience, I restated and paraphrased what I heard the participants say, and in doing so, invited them to make clarifications, identify misperceptions, and/or take these understandings to even deeper levels (Conroy, 2003). When I moved into an analytic stance while working independently of my participants, I created written documents, paragraphs that reflected my emerging understanding and interpretations arising

from the interview. I took these written artifacts to the next interview and invited participants to engage with the text. Participants clarified meanings and gave immediate input into my developing understanding and perception of their experiences, all with the aim of verifying that my interpretations reflected their meanings (Morrow, 2005; Rockenbach et al., 2012). Another way I attended to issues of credibility was to maintain a research journal that mapped my decision-making, especially as it pertained to emerging interpretations. In this journal, I practiced reflexivity with the aim of making my ever-emerging assumptions and biases explicit, knowing that these factors influenced the ways I was making meaning of participants' accounts (Morrow, 2005).

Applicability refers to the value the research has to the participants and those who read the final document (Conroy, 2003; Guba & Lincoln, 1981). The voluntary participation of participants demonstrated a vested interest on their part in the research questions. Given that I practiced informed consent throughout the research process, participants were able to continue to choose their involvement and in doing so affirmed the personal value the study had for them. In addition, the wealth of literature focusing on r/s struggles provided evidence of a community-wide interest in the topic.

Consistency is in reference to my commitment to show respect in equal measures to all participants. To demonstrate this standard, I allotted the same amount of time for each participant. I did not elevate one person's experience over another and submersed myself in each participant's world by being present and listening actively. I tried to represent each participant's account with integrity both in the way I interpreted and reported their experiences, especially by quoting participants as often as possible (Conroy, 2003; Guba & Lincoln, 1981; Morrow, 2005).

## **Conclusion**

Given my philosophical stance towards therapy and the nature of my research questions, hermeneutical phenomenology (HP) was my chosen research approach. In exploring clients' lived experiences, I prioritized their voices and acknowledged that they were the experts in their own lives. Clients who have experienced r/s struggles and sought counseling know best how their relationship with the therapist helped them to construct pathways that led to personal growth. Quantitative data has supplied important information, leading researchers to suggest certain topics and themes that might be helpful to this resolution process; however, this type of research does not investigate how the greatest predictors of client change—the therapeutic relationship and the counselor's way of being— influences r/s struggle resolution.

Therefore, in this study, I enlisted the help of four participants, experts in the domain of r/s struggle, to shed light on how their lived experience of the therapeutic relationship and the counselor's way of being helped them to resolve their struggles in a way that led to growth rather than decline.

## **Chapter 4**

### **Findings**

The purpose of this study was to investigate the clients' lived experience of the counselor-client relationship and the person of the counselor and how this relationship influenced the different pathways clients took towards resolving r/s struggles. After conducting three in-depth interviews with four participants using a hermeneutical phenomenological approach, I spent time analyzing emerging themes that reflected the participants' experiences in therapy. This chapter presents my findings. I will begin by introducing the participants with demographic information as well as a brief description of the nature of their r/s struggles. Next, I will describe their declining pathways, their failed attempts to resolve these struggles that led them to seek out professional help. Given that the emphasis of this study is on the participants' experience of the counselor's way of being and the therapeutic relationship, the majority of my findings will focus on three movements I detected within the participants' experience. These movements highlight how the person of the counselor influenced participants' experience of the relationship which in turn brought to light certain growth pathways. Finally, I will conclude by detailing how the research process itself allowed participants to observe their experiences from a different perspective, enabling them to create yet another layer of meaning that produced further growth.

#### **Introducing the Participants**

Given my research methodology, I attempted to recruit four to six participants for my study. After the screening process, I had four individuals commit to participating in the study. Each participant engaged in three separate interviews over the span of three months. In these interviews, I was able to enter into the participants' stories of their experiences in

therapy. Over the course of several hours together, we were able to explore the influence of their counselors' way of being and the therapeutic relationship in their journey towards resolving their r/s struggles. Each participant had a unique story to tell. Each participant found himself/herself at a different stage in their resolving process. Each participant helped to highlight important growth pathways that emerged as a result of their time in therapy. To introduce my participants, I will give basic demographic information, describe briefly the events that ushered them into a season of struggle, and delineate the types of r/s struggle they manifested. I chose to use pseudonyms for both the participants and their therapists in order to protect their anonymity.

### **Beth**

*so don't tell me you're the light of the world*

*when i'm alone in this darkness with a candle that can't be lit*

*with you holding the matches*

*don't tell me you're the truth*

*because any truth i have ever heard was*

*uprooted and twisted waiting to trip the next victim*

*don't tell me you're the good shepherd*

*because it's in your damn job description to protect your flock. (Beth's poetry)*

Beth is a 23-year-old white female who is engaged to be married. Although raised in a non-denominational, evangelical church, she claims no current church affiliation. Beth described being thrust into a season of devastating r/s struggle after being the victim of rape while in college. After three years of attempting to work through her trauma alone, she

sought help in the form of counseling. Beth has been in counseling for three years and continues periodically to see Amy, her therapist.

Beth's traumatic experience ushered her into several forms of r/s struggle simultaneously. She reported supernatural, interpersonal, and intrapersonal struggle. Concerning supernatural struggle, Beth discussed mainly divine struggle but also referred to wrestling with the influence of demonic forces as well. Of her divine struggle she said,

For a long time, I was just so disappointed in God because all my life he said he would be there for me. All my life he said he loved me. If you meant those things, this would not have happened or you would be there for me after. For a long time, I just wanted him to be there in that recovery. I just held on and held on, and finally, I just gave up because after so long, I felt like I could only wait for so long.

Her references to demonic struggle reflected an acknowledgement that the devil existed and was out to get her. "Like [I] know that there is a devil and that he is coming after you all the time, like he doesn't rest until you stumble and fall."

Of almost equal severity in her anger towards God was Beth's anger towards her faith community. She expressed severe disillusionment and betrayal by church leadership, noting that they had failed to prepare her to cope with adversity.

The one place I needed to prepare me for stuff like this didn't. And I feel like that was part of that shattering was just church didn't feel like a safe place anymore because it almost felt like they had lied to me.

Beth's sense that leaders had lied to her led her to disengaging from church and distancing herself from Christian friends, resulting in her losing her main system of support. In addition, Beth described attempting to cope on her own by engaging in moral behaviors that

contradicted her faith tradition. This cognitive dissonance resulted in Beth using the powerful metaphors of feeling like a “whore” whose “skin was on fire” when attending church services.

Finally, Beth expressed several aspects of intrapersonal struggle, especially doubts about God’s existence and previously held theological beliefs. The severity of these intrapersonal struggles sent Beth looking into other religions as she searched for answers outside her orthodox heritage. As she described,

I never considered myself an atheist, but I definitely considered myself agnostic because I just didn’t know anymore. I was like the God I thought I knew clearly does not exist, so is there a God at all? And if so what kind of God are they?

### **Cate**

All of these other things were difficult, and I felt like I could go to God in those things. And this wasn’t something I could go to him for, because at that time, I felt like he was the one who caused all of it. He betrayed my trust or my faith.

Cate is a 34-year-old white female who has been divorced for several years. She identifies simply as Christian but reports having spent a large amount of her time in evangelical churches. Cate explained that her time of r/s struggle began when she was denied a visa to live in another country where she had felt called by God to serve as a missionary. Struggling with disappointment and disillusionment, Cate accepted a ministry position at a church. Several months later when asked to plan a mission trip back to this country, Cate experienced an onslaught of anxiety and depression. Cate sought out counseling to address these distressful symptoms and has been seeing Amy for two years.

Cate reported experiencing supernatural, interpersonal, and intrapersonal r/s struggles. Supernaturally, Cate's main struggle was with God and her perception that God was perhaps "playing a sick joke on her" by calling her to go to another country and then preventing her from doing so. "I'm mad at you," she fumed. "You didn't do what I wanted you to do." She expressed feeling betrayed and alone due to a sense that God had not been faithful to her.

Cate's interpersonal r/s struggles came from a couple of different directions. Given that Cate is employed as a minister on staff at a church, her anger and bewilderment towards God led her to feeling like she was a fraud within her church community. She reported distancing herself from relationships as a way of guarding those in her church from discovering that she was in a spiritually dark place. Not only did she feel hypocritical because she was questioning her faith beliefs while leading others to embrace theirs but also experienced anxiety in how these doubts could possibly impact her position at the church. She wondered if opening up about her struggles to those on the ministerial staff could lead to her dismissal. This fear and sense of fraudulence led to her disconnecting from her faith community and silencing herself professionally. As she explained,

Because I wasn't going to talk with anybody in the church. I mean I do respect and think that the men I work for are very wise, but I was not in a place where I could talk to them about it. Again, not wanting to feel like a fraud, but also at this point, I work for them and under them so didn't want to lose my job.

Concerning her intrapersonal r/s struggles, Cate described experiencing both doubt and existential angst. Cate's expressed great anxiety over losing a felt sense of God's presence. This absence of God led her to questioning God's character and basic doctrinal

beliefs derived from her understanding of the Bible. This void was so distressing to Cate that she questioned her salvation and assurance of eternal life. “Like I know what I’ve been taught my whole life, and I know what the Bible says about God, but I don’t feel that’s true right now. So does that make me not a Christian anymore?” With everything she once held to be true now up in the air, Cate described herself as having a “breakdown.”

## **Luke**

I think that’s eventually what happened was after close to 20 years of doing all these things, I expected to get something in return. And look I’m 41, I still don’t have any of these things that I see everybody had that we all just kind of expect that God’s going to give us. And I don’t know if it’s a crisis of faith, but I think it was definitely a turning point in my faith of realizing, okay, I haven’t gotten all of these things that I expected.

Luke is a 41-year-old single, white male who identifies as Southern Baptist. Luke talked about his r/s struggle as if it were a storm that had built up over time and then hit with ferocity. A former Seminary student, Luke felt called into ministry, specifically as a missionary. After turning down an opportunity overseas as young man, Luke found himself caught in the throes of a life that did not include ministry or a wife. The “perfect storm” hit when he was fired from his secular job. He began to wonder if he had “screwed up” so much that God had “put him on a shelf.” Overwhelmed with symptoms of depression, he sought out counseling. Luke has been seeing Matt for a year and a half.

Luke’s description of his r/s struggles included all three types: supernatural, interpersonal, and intrapersonal. His supernatural struggles were focused predominately on his relationship to God. He described disappointment in God, a sense that God was not

holding up God's part of the bargain. Believing that God would reward his fidelity, Luke expressed a combination of distressful emotions when he did not receive what he thought God owed him.

I don't know that it was anger so much. It was probably more of like, questioning, sadness, reservation...I mean there's probably sometimes where there's just like, "Okay, God what are you doing? I've been single for 20 years. Is this going to change?" So maybe there was some anger.

Given that Luke was grappling with depression and unable to extinguish it through religious coping, Luke expressed a great deal of anger towards those in his faith community. In describing his interpersonal r/s struggles, he talked about feeling stigmatized by those in the church, leading him to explain, "I realized that I had a lot of anger and unconfessed bitterness towards several of these people." Feeling judged, Luke continued going to church but disengaged by silencing himself and pretending that nothing was wrong, leading him to say with frustration, "Honestly, I'm pissed off at how the church relates to this."

Intrapersonally, Luke described a combination of doubts about his religious beliefs, guilt concerning his moral adherence to the dictates of his faith tradition, and existential questions. Having been raised with a strong understanding of his tradition's biblical teaching and having been trained in his denominational seminary, Luke experienced a great deal of distress when he began to question if what he believed about the Bible was true. "I know what scripture says but I look at my life and I see that it's not matching." Luke explained, "What I believe about God doesn't match up with what the scripture says." Not having the life he saw reflected in scripture led Luke to believe he was responsible due to his sinful actions. He stated,

So that was just a feeling of, have I screwed up? Or am I beyond, you know, it wasn't so much like, I'm outside of God's grace. It was more of, I'm still saved but I'm at that point where I'm like, okay God's just going to put me on the shelf because I've screwed up too much.

Believing that his own actions had shelved him, Luke found himself confused about questions of meaning and purpose, often wondering, "Is this it?"

### **Juan**

That anxiety, the panic attacks during that time, usually when things were easier, I had more anxiety. At that time I was like, "Ok God, why are you allowing me...why is this so difficult? I'm trying to find my way in life and the answers and why did you let this happen?"

Raised in Guatemala and moving to the United States in his 20s, Juan is a 41-year-old Latino male who identifies as a Christian from a conservative tradition. Juan described his entry into a time of r/s struggles as process that occurred over time due to an upbringing defined by loss. Juan's mother died when he was 10 and his father when he was 19. Juan described "manning up" and doing all he could to help secure his sister's future and care for his grandmother. When Juan moved to the States, married, and began to pursue a career in ministry, he hoped to finally be free of the anxiety he had experienced periodically throughout his adolescence. Juan reported being surprised and devastated when the anxiety increased rather than decreased, creating an environment that threatened not only his marriage but the fragile threads of a new life he was building in the States. Juan sought counseling, first, for his marriage and then realized that he had a "deeper" work to do individually due to his r/s struggles. Juan has been seeing Matt for almost 5 years.

Juan described experiencing supernatural, interpersonal, and intrapersonal r/s struggles. After his parents died, Juan recounted taking on responsibility for his family, something he believed was his duty as the eldest son. With more responsibility came more anxiety and Juan described feeling that God was not helping him. The more Juan ruminated on how responsible he was being and how irresponsible God was being, the more his anger towards God grew.

And that's when I was mad at God, like why is this going on? I resent that you say you take care of me in the Bible, that you take care of your people, that you are a good father, but I'm going through this. And why is it completely the opposite? I had to be responsible when my parents died to my sister and grandma. I was responsible. Why are you not responsible to me?

Interpersonally, Juan expressed a great deal of ambivalence toward his faith community. On the one hand, his church provided support in the form of companionship during critical times. On the other hand, he felt incapable of sharing his r/s struggles due to his tradition's stigmatization of mental health issues. As a result, Juan left his church for a brief period of time. He told his story this way:

And I love that church, they were awesome. But in that point in my life, they were not very helpful....And I remember not feeling connected....They were never good at presenting how being allowed to feel the feelings you know. They were never talking about that....And I kind of needed a break. I needed a break. Actually it was kind of good for me not to have that constant negative guilt and just feel normal.

For Juan, his intrapersonal struggles mainly took the form of doubts about his faith, specifically the problem of evil and suffering in the world. Juan commented that he would

spiral into a season of anxiety when he began to question why bad things happened, not only to him but also in the world in general. “I have a lot of questions. Why this? Why that? Why the suffering? And I’m never going to understand it fully.” Not being able to answer these questions propelled him into questioning the character and nature of God as good, resulting in more anger at the divine.

### **Declining Pathways**

In the first interview, I focused on the story of the participants’ r/s struggles. I heard stories of loss, trauma, and disillusionment. Within each story was a chapter on how each participant attempted to address their r/s struggles with the tools they had been provided by their families and faith communities. Participants used words like failure, shame, alienation, and darkness to describe these attempts to cope with their adversity and resulting disconnection from God. I began to realize what the participants were sharing with me were their decline pathways, the ways they had tried and failed to resolve their faith crisis.

Although each participant expressed particularities unique to their own story, I observed a pattern of decline common to all participants. This negative coping process began with individual attempts to fix the problem by focusing on spiritual practices and by covertly seeking help. When these initial strategies failed, the ensuing shame led participants to disengage from their spiritual practices and disconnect from their religious communities. Together these failed attempts propelled participants to seek professional help. Using the participants’ own words, I will elucidate this decline pathway.

### **Enacting Prescribed Religious Coping**

Upon finding themselves in a season of r/s struggle, participants described responding in ways they had been taught by their faith community. After all, each participant had

attended church regularly since childhood, making this community the most influential in shaping their perspectives on how to define and respond to adversity. As such, during their season of r/s struggle, the participants became increasingly aware of the role their spiritual heritage played in how they viewed and attempted to resolve r/s struggles. In other words, the prescribed ways of handling adversity shed light on underlying belief systems that participants were unaware of before entering their time of r/s struggle. The participants recounted struggling with both the underlying belief systems and the ineffectiveness of the prescribed pathways.

Concerning the belief systems, participants noted the propensity of their churches to emphasize only positive aspects of faith with a particular focus on God's goodness and sovereignty (the belief that God orchestrates and controls human history). Negative experiences with God were either dismissed or diminished with only passing nods to their existence. The belief being taught, either implicitly or explicitly, was that "good faith" meant trusting God and never being angry or disappointed. As Cate explained,

I don't think we handle, in the church, disappointment with God well because if God is good, you can't be disappointed in him, right? And that might not be fair to put that all on the church, but somewhere along the way, it was ingrained in my head.

God is good all the time, and if he's good all the time, then I can't be angry with him or I can't struggle.

Juan commented in a similar way when he said, "I grew up with the idea that it's wrong to have anything that doesn't show faith all the time but be happy to God all the time." In fact, participants discussed how they absorbed the message that anger signaled not only a lack of

faith but also the presence of sin. Luke explained his understanding of anger as sinful in this way:

Why is it if you are broken physically, it's the fall. But if you're broken mentally, it's the devil and you're in sin and you're not doing right!...The church has this almost philosophy of just, if it's about the mind, it's evil, but if your body is broken, well that's just the fall.

For Juan, the consequences of this sin were grave:

It's not just Christianity, it's religion. We have the religion, and it's easy just to present the positive and the pretty and make you feel like God is going to be angry at you if you are angry at him. He's going to pay you back. He is going to retaliate against you. God is angry if you are angry.

With these beliefs simmering below the surface, participants recounted how their first attempts to resolve their r/s struggles reflected religious coping strategies as taught by their faith communities. "I come from a very traditional church in Guatemala. Where I'm from counseling and therapy are taboo. We just, well everything is fixed if you just pray, and you go read the Bible and talk to the pastor and that's it." Cate described a similar sentiment of only having access to a couple of church approved coping strategies:

Well, because even though I was feeling a crisis of my faith, I was depressed and I was anxious. I was having a whole bunch of things going on internally and most pastors wouldn't be able to understand or treat [that]. I don't know. It feels like in the church, let's read through scripture or kind of a more narrow prescription to the ailment.

With a coping pathway laid out by their faith community, all of the participants discussed throwing themselves into the spiritual practices of prayer and reading their Bible to alleviate their distress and reinforce their faith. “I tried those things.” Juan explained. “I tried. I prayed it out. I remember praying mad and would just get more mad. And at the end it was like, ugh, that didn’t work.” Luke’s experience with engaging in spiritual practices to cope led to a similar conclusion:

There would be times when I was reading my Bible every day and praying and doing all the stuff you’re supposed to do to not deal with depression and I’m still getting depression. So, I’m like, something’s wrong. I must not be doing it right.

Beth summed up the efficacy of the church’s prescribed pathways for dealing with adversity by saying,

One thing I told her [Amy] is that high school did not prepare me for college just like church did not prepare me for life. Like I knew I was going to go through hard stuff, but I was not worried because I had God on my side. But what am I supposed to do when God is silent?...I remember everything I learned in church as a kid and it’s done nothing for me.

With engagement in spiritual practices demonstrating little helpfulness in alleviating distress, participants sought help but did so covertly. Participants described a great deal of hesitation in reaching out to others and sharing about their r/s struggles. Many pointed to the church’s teaching about the nature of faith as described above as one reason they remained silent. Others discussed being in leadership and fearing the ramifications of disappointing others by not demonstrating strong faith. Regardless of the reason, participants described feeling guarded and using discreet ways of engaging others to get input into their struggles.

“I was still kind of putting my toes in the water and having conversations and hearing people that I think are wise talk about faith issues,” Cate explained. Beth described a very similar attempt to get some form of help:

If anything, I feel like I was just kind of asking questions like, “Oh well, tell me more about like what you believe in. I’m curious, what do you think God is like? What’s your relationship like with God?” Things like that just so that way I could be asking the questions that I wanted, or ask questions to get answers that I wanted to hear without blatantly saying like, “Oh hey, I was raped. Like what can God do about that?”

Luke recounted a couple of different experiences in which he tried to share what he considered a more acceptable struggle to test his small group’s response. “So the few times when I would be in a group where I did feel comfortable sharing something like that,” he explained, “You just get people kind of staring at their shoes and stuff. That happens enough, you just don’t share.”

Guided by their church tradition and instruction, participants rigorously attempted to deal with their r/s struggles by praying and reading their Bibles. Their almost total reliance on spiritual practices as curative led them to conclude that they were failures or bad Christians when these strategies proved ineffective. Although they attempted to discreetly get input from others, participants were alone in their distress. With religious coping failing and no outside voices helping, shame set in.

## **R/S Shame**

The more participants attempted to alleviate their distress by engaging in prescribed religious coping with no success, the more they experienced shame and guilt. Juan described this condition as the “shame of the religious” and “punishing faith.” He went on to explain,

I was struggling, the guilt, “Oh you shouldn’t feel mad at God because that’s not what a good Christian does. You should be grateful. You should be always smiley, always seeing the bright side of things.” I mean if you don’t do it, something is wrong. You aren’t obeying the Bible. You aren’t following the rules.

For Luke this shame was piercing. “But at the same time, when you’ve walked through something like that [depression], that’s just a knife in the heart to say, ‘Well, if you were reading your Bible more you wouldn’t be struggling,’” he said. Similarly, Cate discussed feeling a great deal of shame especially related to her ministry position and the sense that she was disappointing others by experiencing r/s struggles:

Well everybody knows where I work so people know, and I felt like people might have expectations of my spiritual status. But also not, I don’t know if I wanted to admit anything out loud, partly because I didn’t really know I could put words to what I was going through or what I felt, but also there was the shame of it.

Not being able to resolve their r/s struggle by practicing spiritual disciplines led participants to conclude that they were “bad Christians.” They had failed God by not trusting God and had failed their communities by not successfully navigating their struggles with faith remedies. The result was an ever-increasing sense of shame, one that led participants to disconnect from God and disengage from faith communities and spiritual practices.

## **Disconnection and Disengagement**

Participants all described disconnecting to God in some form or fashion after failing to resolve their r/s struggles. Feeling like God was not answering his prayers, Luke stated that he went on “hiatus” and emotionally distanced himself from God. Juan talked about “withdrawing” from God and “shutting down.” For Beth, her response was more severe in that she cut off all ties to God after crying out, “God, where are you? Like not just when the rape happened but every step of the way after that because from that point on, I felt alone.” Cate expressed how feeling fraudulent led her to disconnect from God:

I think at some point I started to feel like a fraud. And I, again working at the church and seeing people who were experiencing God in ways I wasn’t experiencing him and feeling disconnected and wanting to have that connection and then being scared that perhaps that because I don’t feel it, does that mean I don’t believe in God?

Naturally flowing from a disconnection with God was a disengagement from faith communities and spiritual practices. Feeling like an “outcast,” Beth talked about how leaving church completely led to the loss of vital support systems. “And I hate that I lost some friendships because of it. But, at the same time, I just couldn’t take the risk. I would rather have alienated myself than let them alienate me because I already feel like trash.” For Cate, the sense of being a fraud led to her disengagement:

Being surrounded by people who talk about what the Lord is saying and how the Lord is moving and feeling like I can’t feel that anymore. And going to worship service and not feeling a connection. It was painful to listen to or try and sing worship songs, so I stopped going and it felt dark and sad.

Rather than physically removing themselves from their faith communities, Juan and Luke described an emotional disengagement, one characterized by being silent or pretending. As Luke explained,

But just the fact that you are in the middle of all that, and you're taking the step to try and be real with people. It was just you couldn't even get any empathy. You do that enough and you stop talking about it.

Juan confessed doing both when he shared, "I was just shutting down to everybody because that's the first thing I do when I feel like God doesn't care. So I'm going to shut down, not going to tell everybody, just pretend that I'm happy and go."

Participants also noted an almost complete disengagement from spiritual disciplines, expressing frustration with their ineffectiveness in reducing distress. Luke described a long season in which he was not praying or reading his Bible. He came to the conclusion that "just simply buckling down and reading my Bible more is not going to make the situation better." In addition, he decided to stop praying for similar reasons. "I think part of it too is just over time I didn't seem to get an answer," he explained. "Well, I'm not getting an answer so why pray?" Cate felt similarly concerning prayer as she explained, "I think my biggest issue was with prayer. You just have to pray and talk to God, and feeling closed off and then not wanting to do it at all." In her poetry, Beth expressed her reasoning for discarding the Bible:

the bible has become harsh to me  
maybe that's the result of only learning stories of all this joy and accomplishment  
and not actually feeling what it's like anymore.  
It put a veil over my view of the world

causing me to think god brought only joy to those who gave them their all.

### **Seeking Help**

Disconnected, disengaged, and overwhelmed by shame, participants described coming to a place where they recognized their need for professional help. Cate noticed that her own attempts to cope were falling short and that she desperately wanted to find connection with God again. The solution for her was counseling, as she recounted,

So that's how I initially coped with it . And then, I think recognizing that there was this disconnect bigger than I could work through myself, seeking out advice in a counselor to kind of work through some of that stuff. Because even though I was scared, I knew that that was something that I wanted to have and that I wanted to have this connection again.

For three of the participants, having been in counseling before led them naturally to look in that direction. As Beth recounted,

I was just miserable so I told my mom, "Hey, I really think I need to go back to therapy." Not that therapy fixed everything the first time because we had such a short time frame. I was like anything's going to be better than what I'm dealing with, and I feel like that will at least lessen the boulders on my shoulders.

Juan's positive experience with a life coach in his early 20s prompted him to try counseling, first marriage counseling and then individual. "I realized that I was not, that I needed something more, but I didn't know how to explain it, how to look for it.... Yeah, I'm done trying to fix it my way. We need help." Luke's story was similar as he explained, "I felt like I finally hit the breaking point where something had to give....I knew counseling wasn't the silver bullet, but I knew that it had helped in the past."

These declining pathways characterized by shame, failure, and isolation led participants to seek out professional help. In the second and third interviews, I heard stories of how counseling had helped participants create new pathways, ones that would lead to growth rather than decline. This resolving process occurred in three movements. Participants spoke to how their experience of the counselor's way of being and the therapeutic relationship allowed them to move over time towards a state of reconnection and re-engagement.

### **The Three Movements**

Given that participants had been in therapy for over a year, they were able to describe their growth within therapy over time. In descriptions of their experiences, I heard three movements or phases, each reflecting a significant step in their resolving process. In movement one, participants described a journey from disconnection to connection with the counselor being experienced as a companion and the relationship as connection. Movement two consisted of participants cycling through deconstruction and reconstruction by experiencing the counselor as a navigator and the relationship as collaboration. Finally, in movement three, participants shifted from disengagement to re-engagement with the aid of the counselor as champion and the experience of the relationship as empowering.

To illuminate each movement, first, I will describe the participants' experience of the counselor way of being, identifying the overriding theme of how participants experienced their counselors' "witness." Given the interrelated nature of the participants' sense of the counselor's way of being and how this influences the way they experienced the bond of the therapeutic relationship, I will discuss these themes simultaneously, using the participants' own voices to describe these experiences. As described in earlier chapters, the counselor's

way of being is a concept that attempts to describe how clients experience the person of the counselor. This way of being is the manner in which counselors are “with” clients and convey to them a sense of worth and value. How a counselor is “with” clients, how counselors are authentically themselves, fosters and nurtures the therapeutic relationship. According to Bordin (Lambert & Barley, 2001), this relationship involves an interconnectedness between the emotional bond the counselor and client share and an agreement on strategies, interventions, and goals. As such, I will describe how participants’ experiences with certain interactions and interventions both helped create and foster this relationship leading to their reported growth. Finally, I will highlight and summarize the growth pathways that emerged organically within the movement.

### **Movement One: Disconnection to Connection**

As mentioned previously, participants described coming to therapy in an isolated state of shame due to their inability to fix or resolve their r/s struggles on their own. Disconnected from God and others, they described symptoms of anxiety and depression. Within this first movement, participants described two sub-movements: connecting to the counselor and then reconnecting to God. Only by connecting to the counselor first were participants able to begin the hard work of reconnecting to God. During these important therapeutic moments, participants expressed the importance of the counselor being alongside as a companion and between as a mediator resulting in them experiencing the relationship as connection.

**Sub-movement one: Connection to the counselor.** In the first counseling sessions, participants described a gradual process of trusting and opening up to their therapists. Given the shame they brought to therapy, participants reported a hesitancy to be vulnerable with their therapists. They described a testing process, one in which they disclosed certain

information and then gauged the reaction of their therapist. Interpreting certain responses as positive led participants to trust their counselors and risk more vulnerability. Cate explained her experience in this manner:

I think that I tested the water a little bit so I told her some things. It was the first time I cried because I really did not want to cry and talk at the same time. And she, well, she didn't say anything harsh about it. I showed up again, and we got back to work. So I think, kind of, testing the waters a little bit at the beginning.

Luke expressed testing his therapist in a similar way:

There was a little bit early on [hesitancy]. There was one or two things that, I wonder if I should mention this or not, but I ended up mentioning it. I didn't get a reaction or anything so, uhm. But, he wasn't critical either so....He didn't freak out so let's move on."

For Juan, his therapist demonstrating accurate reflection of emotion was key to his passing the test:

He was empathizing and reading back the feedback of what I was saying. I was like, "Oh yeah, he gets it." And so he was taking notes and being sure that he was understanding. And that's when I was like, "Oh I can talk to him about these things."

***Counselor as companion—relationship as connection.*** After testing the waters, participants felt safe to share at more vulnerable levels. This increased vulnerability allowed participants to experience their counselors as companions, as those who walked alongside. "He's walking with me through this." Luke explained, "He wants to see me get to the other side." Likewise, Cate said of her counselor, "She walked with me through this really dark

time and helped me. This sounds so corny, but she helped me come out of the darkness into the light.”

Participants described this “alongside” way of being in a variety of ways, with most accounts reminiscent of the qualities of close friendship. For Beth, her counselor was “so kind and comforting,” a way of being that brought great relief. “Every time I left, I always felt better,” Beth explained. When describing Matt, Juan said, “He is very real, a humble man, very practical, and that’s one of the things that connected me to him.” Cate elaborated on similar characteristics when she described her alongside companion:

But being comfortable with Amy to know that she’s not going to judge me for the things that are about to come out of my mouth and that she wants me to say these things so that they can just be dealt with.... It did feel like she got me and understood and empathized with what I was going through.

Additionally, Beth and Juan commented on the reciprocal nature of their relationship with their therapists, recalling times when their companions shared some of their own spiritual struggles as a way of relating. Along with these descriptions, participants used words like patient, authentic, and reliable to describe their counselors’ way of being.

***Key interactions and interventions.*** The key interactions and interventions that participants described as contributing to their experience of the therapeutic relationship was that of normalization, validation, and self-disclosure. Normalization was important to the participants because they had described feeling like a failure due to their r/s struggles. Not hearing from those in their religious community that struggle was a normative part of faith led the participants to feeling like they were crazy, wrong, or even sinning due to their doubts, anger, and inability to resolve these struggles through the use of spiritual disciplines.

“Am I just crazy?” Juan wondered aloud when describing his experience of struggling within his church community. “I’m mad at God. Am I the only one? Am I the only one confused?” To address these types of questions, therapists normalized struggle as a part of the faith experience and validated the distressful emotions associated with them.

Participants recounted several ways that their counselors helped to normalize and validate their r/s struggles. Given her tendency to minimize her r/s struggle, Cate described the important role Amy played in helping her to embrace her pain as real and relevant:

Well, she affirmed that what I had gone through was hard. I think at the beginning one of the things I was struggling with, especially from where I had come from, knowing that there are people dealing with really harsh life circumstances and here I am.... And she adjusted that for me and said, “No absolutely, it’s not a comparison. That’s not what this is about,” and affirmed that this was really hard and difficult and its okay to be in a dark place and its normal to be in a dark place.

For all four participants, the therapist citing biblical examples and scripture verses helped them to understand that their experiences and associated emotions were normative for Christians. As a musician and song writer, Juan especially latched onto the Psalms as a helpful resource:

He [Matt] was one of the first to remind that that lots of psalms are not even happy, are very tragedy, that talk about tragedy, loss, resentment, sense of abandonment....And it’s okay, it’s okay to be mad at God. And again he mentioned the Bible. He mentioned his personal experience and other famous people that were [also mad at God at some point].

In addition, therapists using biblical examples such as Joseph, Job, and Paul helped several of the participants feel less alone and more hopeful that resolution was possible. As Cate explained, “She [Amy] very wisely pointed out some other people who suffered and what that looked like. And at the end of that, it wasn’t that they stayed suffering, there was redemption and healing.” For Luke, these biblical examples helped to alleviate his sense of failure. “But there’s also plenty of examples in scripture where God used people after they made mistakes, so I didn’t completely screw up my life.” Juan echoed a similar sentiment when he concluded, “That [being angry at God] doesn’t fix me to be a bad person. That part of me is just a feeling that’s ok to have.”

Another key interaction identified by two of the participants was therapist self-disclosure. After sharing their r/s struggles in session, Beth and Juan recounted how their therapists shared similar struggles in their own spiritual lives. Both described how meaningful those vulnerable and personal moments were with their therapists. In fact, they marked these interactions as some of the most intimacy-creating moments in their therapeutic relationship. Beth described her experience in this way:

Amy 110% gets it. She was in the exact same place as I was. Different trauma but she knows exactly how I felt. And I feel like she was the first person that I found that really just got it.... I feel like that’s when she really became my mentor and friend because before that, though I did look up to her, she was just my therapist. But with the fact that she’s able to talk to me so candidly about her own problems and suffering, it just made it easier to talk. I feel like that’s when I really connected to her in a more emotional level because she 100% got it....So I think that’s also when I really started taking her guidance because I want to say that I was always trying but I

feel like when it really started sticking. I feel like that's when it really started making an impact because she made herself more relatable.

Juan also recounted how powerful therapist self-disclosure was in reducing his sense of isolation and connecting him to his counselor:

I was like, oh man, I'm not alone. It's not just me. And it helped me a lot to relate to a real example....The fact that he will identify himself with me in the situation, give me his professional opinion but also with a real example is like, "Oh that makes sense. It's real. It makes a connection I can learn from. I relate to that." Definitely makes a big difference, a huge difference. He's not just selling stuff, he uses it. He consumes what he sells. So that's why it makes it more real.

Not only did self-disclosure create a more intimate bond but also led to greater trust in the therapeutic process. Experiencing their therapists' vulnerability gave them courage to move forward and trust their counselors' guidance. As will be demonstrated later, this sense of connection in the therapeutic relationship paved the way for the working stage of therapy.

Hearing from their counselors that r/s struggles were not a sign of a weak faith or even sin brought relief to participants. Coming to understanding that doubts and strong emotions have a long line of historical precedent in their own spiritual tradition helped to universalize their experience. Said differently, participants were able to identify with a host of other r/s strugglers past and present in their own tradition and as a result felt less isolated and abnormal. These interactions and interventions reduced anxiety and depression, created a stronger sense of connection to their therapists, and provided a sense of safety that allowed them to begin the difficult work of reconnecting to God.

**Sub-movement two: Reconnection to God.** Participants described connecting to their counselor as a necessary first step within their therapeutic process, one that enabled them to begin the long journey of reconnecting to God. With a companion alongside, participants described feeling safe enough to turn their attention towards the true source of their distress—God. In this phase of the first movement, participants discussed the importance of their therapists helping them to initiate conversation with God. During these powerful therapeutic moments, they described their counselor as a mediator and the experience of the relationship as a bridge.

***Counselor as mediator-relationship as bridge.***

*I'm thinking about god again and I can't seem to locate where on the map they've been hiding for so long. I've been looking for years and the only trace I see of them is in the people that seem to know. (Beth's poetry, 11/17/17)*

Participants described the influence of the counselor and the counseling relationship in their turn towards God in interesting ways. All four participants expressed disillusionment and hurt over their inability to talk to God or sense God's presence. Furthermore, they all wondered if God was as good, loving, and present as they had believed God to be their entire life of faith. Characteristics they had associated with God and thus with Christians were now under question. Only when they began to experience some of these characteristics in their therapists did participants begin to hope and risk that perhaps God could be trusted. Embodying these divine characteristics allowed therapists to play a pivotal role in helping participants reconnect with God by mediating their initial conversations with God. In this way, therapists assumed a "between" way of being, one in which their association with the

divine allowed them to mediate the relationship between their participants and God, leading to the experience of the relationship as a bridge.

In direct contrast to their descriptions of people in their faith community and family, participants portrayed their counselor as having characteristics that they once believed to be associated with God. Many talked about experiencing unconditional love and acceptance from their therapist in the form of consistency, lack of bias, and patience. “She was just so consistent,” Beth explained, “Honestly, she was just like my mom with how consistent she is, just unconditional love. God, I love Amy!” Luke described his therapist as having no other agenda other than “wanting what is best for you.” Cate expressed being able to say anything “with no judgment” and commented often on her counselor’s unending patience. “I don’t know if somebody would have or could have been as patient. Honestly, who has the time for that (chuckles), to be patient with somebody working through [all that].”

Perhaps one of the clearest examples of the importance of counselors embodying divine characteristics and thus bridging pathways to reconnection to God came in Beth’s discussion of Amy as consistent. In another one of her poems, Beth laments, “The God who loved me may be consistent with you, but I’ve never known consistency or stability, and I’ll find it eventually.” Then, when describing her relationship with her therapist, she expressed what it was like to find this consistency in Amy:

And just kind of like I said last time, she’s just so consistent and so patient like the best example of what it’s like to be waiting and wanting but still keeping the faith....I would have relationships that were never consistent, like they would love me one day, hate me the other and I never understood why.... It kind of felt that same way with God.

In fact, Beth used the word “consistent” to describe her counselor over 10 times. In being consistent, Amy gave Beth hope that one day she would experience God as consistent.

Just seeing God’s love in her [Amy] helped me to see it in my mom and then helped me to find it in [my fiancé]. So honestly, Amy was just such a huge stepping stone in me finding my way back.

In these ways, therapists became divine representatives, an experience so powerful for participants that they began to hope that perhaps their current view of God was misaligned. If God could be like their therapists in these significant ways, then perhaps they could risk trusting God again. Hesitantly, they looked towards their therapists to help them communicate with God, to voice aloud to God their anger and pain.

***Key interactions and interventions.*** With a mediator to stand between them and God, participants reported doing some of their most significant work in therapy. In fact, participants used words like “deepest,” “most vulnerable,” “uncomfortable,” and “painful” to describe this phase of their therapeutic experience. In these moments, participants reported finally addressing their deep seated anger towards God. With the aid of their therapist, the participants described a process of realizing, naming, and then voicing their anger towards God.

For three of the participants, the first significant movement towards reconnecting with God was a realization that they held anger towards God. Given that all four participants came to see their therapists for symptoms of anxiety and depression, none of them were able initially to identify anger towards God as a source of their distress. Three of the participants recounted this moment of realization almost as if they were taken by surprise. Cate expressed this epiphanic moment this way:

In fact, I'm not sure I realized before that session that I was angry at him [God] until I had to put words to it and then that's all that I could think of, that I was mad and let down.

Beth echoed this sentiment:

But somehow everything tied back to God and my struggle with him. Whenever I made that realization with Amy, I was like maybe it's a good thing I'm here because I couldn't find the answers anywhere else.

For Juan, this moment of understanding came within the first session with his therapist:

I never realized to say, "I'm mad at you! I'm mad at God!" So when I started with Matt that was the first thing. Are you resented at God? And I was like, "Yes." And then we started working in that area, naming it, working and finding out why. What was the root of my resentment?

After realizing that much of their pain and distress was anger at God, participants reported the vital role of naming and voicing their anger to God. Given their discomfort and lack of trust in God, the participants expressed a need to have their counselor initiate, facilitate, and encourage this initial conversation with God. In other words, therapists gave permission to the participants to be mad and even express this anger directly to God. For Juan, this permission included instruction in how to voice his anger to God:

I think I didn't know how to express me, how to be honest, just be angry at God, trying to understand. I didn't have any idea how to do that...And he's [Matt] like, "Yeah! Put a name on it and own it. Own it. Own it!" I guess it's the permission that I can be upset, recognize that things suck sometimes and I can be mad at God.

*The God chair.* For two of the participants, an intervention which their therapist called “The God Chair” helped to facilitate this conversation and expression of emotion to God. Inspired by a Gestalt technique, The God Chair challenged participants to envision God sitting in a chair across from them and then speak to God directly. Beth and Cate described in detail the intensity of this moment. Beth recounted,

I remember feeling apprehensive about it because, I mean honestly it’s kind of silly. I’m talking to an empty chair (chuckles) you know but I just remember kind of sitting there staring at the chair for awhile, you know, thinking, “Am I going to say anything? If I do what am I going to say?” And I just remember starting to cry and just talking. So honestly, I don’t think I really was ready but it’s, I think, I don’t know, I guess my body knew I was, but like mentally I wasn’t cause it just kind of came out. It’s like a purge I feel like. It just had to get out but like I was putting up roadblocks and walls just like I don’t know if I can be that vulnerable even to an empty chair cause like Amy being in the room. I remember she even asked me, “Do you want to be alone?” I was like, “No, you being here doesn’t make me uncomfortable.” But I can remember looking at the chair and I was like, “That is what is making me uncomfortable.” Cause at that point, I was still so angry and I guess having to imagine them [God] in the chair and having to express emotion is not always easy, but having to, I guess overcome what I was feeling in that moment and just let it happen.

Cate expressed her God Chair experience as descriptively:

I wanted to throw up. It was terrible. It was a terrible feeling, and I didn't know what I would have said to God at that, like because there was this wall or veil or I don't know what to call it. It was like she [Amy] wanted to take that down and here you go, here's your chance, and I just wasn't ready to do it yet. And it was very uncomfortable and I had to, I think again, say out loud for the first time that I was mad and upset that things didn't go the way that I thought they were going to go. Yeah, and I didn't want to have to say that out loud to God even though he already knew all of the things. But it just makes it real.

Both expressed a need to feel Amy near, mediating and bringing comfort. In fact, Cate expressed Amy's presence as a necessity referring to her at one point as a "go-between":

She wanted me to look at this chair and I just couldn't at the time. I couldn't be that vulnerable to the chair but I could, in that moment, look at her, almost as if she is that companion. I need help with this right now, so I could look to her to answer because she felt more comfortable than God did at that point. So I'm kind of circumventing that personal conversation but Amy is my go-between.

For Beth, it was "comforting just to be able to share that experience with her. Because the only people who heard that conversation was me, God, and her."

The God Chair resulted in several beneficial outcomes for both women. Both described a sensation of having a "weight lifted." Beth stated, "I would definitely say that there was a kind of weight off my shoulders because I finally got to say what I was thinking to him." Cate echoed this sentiment by saying, "It wasn't great but it was like this burden, this shame was lifted because I had admitted out loud with words what I had been dealing with inside." In addition, both ladies expressed this intervention as being the key moment

when they shifted towards God, taking the first step towards reconnection. Using the metaphor of a bone being put back into socket, Cate described this change toward God as realignment:

It was like relief, like something was out of socket and needed to be put back into place. So even though there was healing to be done, it was almost like it was pulling that back into socket and putting it back in. So it was painful. It was hard. I didn't want to do it, but as soon as it was done, it was almost instantaneously better.

Because even though I was scared, I knew that that was something that I wanted to have and that I wanted to have this connection again.

Beth used a different metaphor to describe her shift: "I'd have a circle hole and I pick up a piece, a square and it doesn't fit. I pick up a triangle, doesn't fit...I didn't realize that the circle the whole time was really God."

**First movement growth pathways.** In this first movement, participants moved from disconnection to connection. Their experience of the counselor as being "alongside" as a companion and "between" as a mediator created a sense of connection to the counselor and of realignment towards God. As participants moved through this first phase of therapy, several elements of growth pathways became evident. First of all, given the isolation and shame that propelled participants to therapy, connection with the counselor was of primary importance. This connection brought instant relief as participants expressed the healing nature of not feeling alone in their pain. Second, as counselors normalized and validated their r/s struggles, participants experienced less shame, enabling them to embrace and express their struggles to God and others. As Cate noted, "I wasn't communicating with anyone, and it wasn't until I started to talk about it that the healing actually happened."

With isolation and shame addressed, the next growth pathway that emerged was the necessity of therapists addressing and relieving the presenting, distressful symptoms before moving participants towards identifying their anger towards God. In each case, symptoms of anxiety and depression were the factors that led participants to finally seek help. Participants discussed the need to address these symptoms first and to share their stories before having the energy or even awareness necessary to repair their broken relationship with God. “I felt like I need to finish telling everything that was going on before we got to God,” Beth explained. Almost in triage-like fashion, therapists attended to the obvious distress first which created an environment that allowed participants to recognize and acknowledge their anger towards God. Cate explained this process well,

The first destination was working through the anxiety of going back to \_\_\_\_\_, that’s really what got me in the door, well and just feeling miserable and feeling like a fraud. All those things got me in the door. I think we definitely worked through the sadness before we hit anything else. So those felt like side journeys. And then at some point along the way and in that God chair, being able to express some of the anger that I don’t think I realized I had.

Several other growth pathways emerged after participants were able to identify their anger towards God. They spoke of the importance of their counselors giving them permission to be angry. Especially helpful in this permission-giving was the participants’ burgeoning understanding that being angry was not sinful behavior. Given that the therapist as a divine representative normalized and even encouraged the expression of anger, participants began to shift in their beliefs to adopt a view of anger as a God-given emotion rather than a sinful one. “So that was helpful and good to walk through,” Cate explained.

“Making it okay to talk about, that it [anger] wasn’t, I don’t know, sinful. I don’t know what word to use there, but it’s okay for it to be so.”

In addition, speaking the struggle emerged as one of the most important growth pathways. Whether described as naming it, owning it, voicing it, or saying it out loud, all four participants spoke to the necessity of telling God about their anger. Not only did this experience bring relief and reduce shame, but also led to participants to take their first step towards rebuilding trust with God. Interestingly, all four participants in different ways described this first step as settling the question of God’s character. When participants described the aftermath of these crucial “voicing out loud” sessions, they discussed a renewed conviction that God was good. Although doubts, questions, and hurt remained, the experience of voicing their anger allowed them to rest in their previously held belief that God’s character was essentially good and loving. Beth’s explained,

It’s also unsettling because I still have some similar questions and some similar doubts, but I’m just thankful that I’m actually able to say that I believe there is a God and that he does love me and mean it.

Luke voiced a similar sentiment when he said about himself, “Sometimes you were an idiot and God is still good. But we live in a fallen world and not everything is going to go the way you want it to.” Trusting that God was good allowed participants to do the hard work of embracing ambiguity, mystery, and pain. “There is something bigger and that helps me a lot,” Juan explained. “There’s a bigger, good creator or being and he’s good even when I don’t understand.” For Cate, settling the question of God’s character allowed her to face her doubts and questions head on over the course of her therapy. “It wasn’t as hard as it was the

year before, and it wasn't as easy. It did bring up somethings, but it didn't bring up any questions about God's goodness.”

**Summary of movement one.** Ashamed and alone, all four participants sought help from therapists when their attempts to cope with anxiety and depression failed. Discovering a safe place and an empathetic companion, participants found themselves bonding with their therapists, allowing them to experience a relational connection that had been lacking in their faith communities. This connected relationship emboldened participants to acknowledge their deep distress and sense of disconnection from God. With a mediator standing between them and the divine, participants spoke their anger and in that initial reconnection with the divine experienced the lifting of shame and a renewed belief that God was good. Connected and realigned, participants moved into the second phase of therapy—the working stage.

### **Movement Two: Deconstruction to Reconstruction**

*If I was made in the image of god,*

*they should understand the curiosity making me question my previous worldview.*

*My questions are not equivalent to me denouncing any entity.*

*I want to better understand.... [Beth's poetry]*

Movement two consisted of the participants' long and tedious process of deconstructing and reconstructing faith beliefs in order to make sense of their experiences. All four participants described being hesitantly turned towards God, unsure of whether they could trust God again and move forward in their faith. However, the initial realignment participants experienced in the first movement put them in a position of being willing to do the hard work of questioning some of their previous assumptions about God and faith. In this phase of therapy, participants described the vital role their counselor played in helping them

navigate these tumultuous waters. Therapists invited participants into conversations that allowed them to question, adopt, reject, and enlarge their faith beliefs. In doing so, therapists assumed an “in front” way of being. Engaged in meaning-making dialogues, participants collaborated with therapists to reconstruct a belief system that could better encapsulate their experiences. As such, participants described their counselors’ way of being as a navigator and their experience of the relationship as collaboration.

**Counselor as navigator-relationship as collaboration.** Entering in movement two, participants described themselves as hesitant and nervous about doing the hard work of rebuilding trust with God. “I feel like I’m sniffing around him [God] like a dog,” Beth explained. “I know you’re real now. You didn’t abandon me, but I’m still so apprehensive.” Although they had taken the essential first step of resolving to trust that God’s character was good, participants remained unsure of how to reconcile previous belief systems with their lived experiences. Cate described her ambivalent state in this way:

I just felt different. I just felt different in that there was a connection but not an intense connection....But I still wasn’t healthy. I still had the doubts. I still had this not feeling God: he’s not around anymore. I don’t know how to get back to him.

With previous beliefs staggering under the weight of heavy doubt, participants turned towards their therapists to help them navigate this dissonance. Participants used words like “guide,” “facilitator,” “prompter,” and “navigator” to describe the way they experienced their therapists in this deconstructing/reconstructing phase of therapy. These metaphors all pointed to participants’ sense that their counselors had the necessary expertise to lead them through this previously unexplored terrain. The attributes participants used to describe their therapists’ way of being in this navigating role were patient and unbiased.

Multiple times throughout this working phase of therapy, participants described their therapists as patient. Participants expressed having the freedom to address doubts and troubling r/s beliefs when they were ready. In fact, they described a gratefulness for not feeling rushed by their therapists. When asked if Amy ever pressured her to move more quickly than she was prepared for Beth responded,

I think that's one of the things that I really admire about her is she let me do it at my pace. And if I was never ready for something, it's like she already knew.... She's just been so consistent and so patient.

Cate echoed this sentiment, noting how her therapist's use of silence gave her permission to go at her own pace:

Cate: And she was patient, letting me have that uncomfortable counseling silence that lets you process in your head.

Me: What told you she was patient?

Cate: Well she didn't rush me. She let me think it out. She didn't end that uncomfortable silence.

In addition to patience, participants described their counselors' way of being as unbiased. To elaborate on this attribute, participants discussed the freedom they experienced to set their own goals and direct their own work. Beth described this freedom in this way:

I could see in her eyes that she really wanted me to find God. I could see it in her, but I could tell that she was letting me make all of the decisions. If I wanted to call God a couple of curse words, she let it happen. I think she knew I would get there eventually. But at the same time, if I didn't get there, it wouldn't have changed anything about how therapy went with her.

Even when therapists suggested an intervention or direction to go in session, participants expressed feeling at liberty to either agree or decline. Cate explained why when she said, “I think that the fact that she always said it’s optional. There was a way out if I needed it which made it seem less scary.” For Luke, he reflected on how Matt let him take the reins in all his sessions. “So he’ll [Matt] be there to get me back on track if needed but just letting me talk myself out, get me to work it out myself.”

This patient and unbiased way of being communicated to participants that their needs and goals took priority in the counseling room. As such, participants went at their own pace and dictated what type of work they wanted to do in the session. Counselors entered into this participant-directed work by navigating them towards their preferred destinations. Given this joint effort, participants described their experience of the therapeutic relationship as collaborative. “I think it’s 50/50,” Juan explained. “You have to do your part and they have to do their part.”

**Key interactions and interventions.** In this collaborative relationship, participants described the valuable role their counselors played in navigating them through meaning-making conversations. In fact, these dialogues were the key interactions and interventions in the second movement. Although participants did not use the terminology “meaning-making conversations,” they described these interactions in metaphorical language that communicated the importance of attributing a new meaning to their r/s struggles. “Counseling helped me put words to what I was feeling and experiencing,” Cate stated. For her, finding the right words meant finding a meaning for her struggle that was beneficial. She went on to explain,

I don't think I could have shared any of that had I not gone through therapy and had that safe person to just kind of word vomit it all up and figure out what was going on and be able to put words to. Because I think part of it was I didn't even know what it was that I was dealing with and unwrapping all of that with Amy helped me figure out what it is.

Beth used a gardening metaphor to express her experience of co-creating meaning with her therapist. "She just kind of planted the seeds and let me decide if I was going to water them or not." Luke explained his experience by comparing therapy to writing an article:

By the time you get done, you can't necessarily say, "Yes, I wrote everything in here or I have all these ideas." It's just you have this finished product, and it's better because there was multiple inputs, outside viewpoints, and that type of thing....I know that there are things that he [Matt] has said and there's things he has prompted me to examine. And I know that I've also done a lot of stuff on my own, like thinking through things and praying about things. But it's been a collaborative effort I guess overall.

In these dialogical interactions and interventions, participants described ways in which their counselors expertly navigated them to deconstruct unhelpful meanings and reconstruct more beneficial ones. Cate described Amy's guidance in this way:

She knew where I was and heard where I wanted to be and kind of knew the roadmap I needed to take to get there....And so she, I don't know, had this map and took me on the, I guess guided me down the journey that I was already on but didn't want to move. I mean I did but didn't.

Juan talked about Matt's facilitation of the process by saying,

He really lets me talk and take all that negativity and then working with that. But he still has a plan whenever he listens to me. I see him. He's taking notes. He has a goal for that session so that helps me there.

In addition, participants discussed their therapist's abilities to navigate them through the process by prompting, clarifying, refocusing, challenging, and directing. In all these ways, therapists created a space for participants to wrestle and do the hard work of resolving. As Luke explained,

There were probably a few times where things I was sharing, I probably was a little frustrated that he wasn't giving more practical advice, but in the long run I think it was better that I wasn't getting all of these tips and tricks. It was just forcing me to re-examine my relationship with God and with Christ and do that hard work of wrestling through all of that.

In all these ways, therapists helped navigate participants through dialogical waters that built and reinforced more helpful meanings to their spiritual sufferings. This expert navigation led to growth for the participants, helping them to advance along their resolving pathway.

**Second movement growth pathways.** Within the second movement several themes emerged that highlighted the types of deconstructing/reconstructing conversations that led to growth for the participants. Although each participant constructed an individualized meaning that related to their specific circumstance and struggle, all four participants recounted the necessity of attributing new meaning to suffering, enlarging their understanding of faith, and expanding their image of God.

***Redefining suffering and struggle.*** All four participants wrestled with the question of suffering, its existence and purpose within a Christian framework. In working through this

age old question, participants acknowledged the separation that existed between their learned and lived theology. Their learned theology, the beliefs about suffering as taught by their faith communities, was that everyone suffers at some time or other due to the potential of all humans to engage in good or evil. However, participants confessed that their lived theology, the beliefs that they actually practiced, was that good behavior would result in no suffering. Said differently, participants discussed how suffering caught them by surprise because they believed their adherence to their faith beliefs and their obedience to God exempted them from suffering. As noted earlier, this belief led to all four participants being angry at God. More than angry, participants expressed feeling betrayed by God, noting that God did not hold up God's part of the bargain. As such, participants had to deconstruct their lived theology of suffering and attribute new meaning to suffering in general and to their r/s struggle in specific.

Each participant landed on a different attribution that helped them to embrace the reality of suffering. Beth moved from believing that God had abandoned her during the rape to embracing the idea that God was present and grieving with her. "I can promise you that he [God] was in that room weeping and he just, though he could do something about it, he couldn't because he gave us free will." This idea of free will, the theological belief that humans have the God-given freedom to choose good or evil at any given moment, helped Luke to embrace the reality of his on-going struggle with depression. "But if I can realize that it is just a result of the fall, it's not actually reality," Luke explained. "It puts things in a different perspective." Along with this acceptance that suffering is universal due to the Fall (the theological belief that in the Garden of Eden, Adam and Eve's choice to disobey God resulted in all of humanity being born sinful) came a sense of not being alone, another facet

that Luke found helpful in reconstructing his understanding of suffering. “I’m not some unique rose who has the trial of life wrapped up, separate from everybody else.” For Juan, he noted that he had to accept that he would never understand why people suffered. To be able to live this with unknowing, Juan chose to focus on the afterlife:

And I’m never going to understand. I made my peace with that. I’m never going to understand in this life. I honestly, there is a reason I don’t understand. Maybe the main reason [is] my little brain isn’t going to understand the whole picture. So, I believe in another life, in the next life, in heaven, we are going to understand and that gives me a lot of peace.

In addition to wrestling with the reality of suffering, participants experienced growth as they attributed purpose to their own individual suffering. The dominant meaning all four participants gave to their suffering was that their struggles were beneficial because they served to draw them closer to God and to become more helpful to others. As Cate explained, “God can use that and I can use that. And I can grow in a way that I wasn’t able to grow before and to have a connection that I wasn’t able to have before.” Luke stated something similar when he said, “What if that is one of the things that I just have to endure in life? But what if that’s also a thing that continually drives me closer to Christ?” For Juan, giving this meaning to his suffering brought freedom. “It’s liberating to know that it’s okay. It’s human. It’s actually something that makes me closer to God and makes me connect to others.”

***Enlarging the definition of faith.*** Perhaps the most dominant theme throughout the interviews was the growing understanding among the participants that their definition of faith was untenable. Participants held a definition of faith as certainty brought about by cognitive

assent to certain doctrinal beliefs. In other words, by affirming certain teachings of their faith communities, participants believed they had faith. The more intellectual knowledge they had, the more faith they sensed they possessed. This knowledge consisted of answers to life's existential, ethical, and moral questions. Participants believed that if they knew these answers, never doubted them, and lived them out faithfully that they could guarantee certain outcomes. By having faith participants believed they opened the door to certain opportunities that they would not have had otherwise giving them a sense of control over their own lives.

When r/s struggle hit and doubts came crashing down, participants were forced to do the hard work of deconstructing this understanding of faith. Reconstructing meant moving towards an enlarged definition of faith that included embracing doubt and uncertainty as essential for a sustainable faith. Ironically, participants came to understand that doubt was not antithetical to faith but rather made faith necessary. "I kind of make my peace with God." Juan explained. "It's fine if sometimes I doubt." Cate described her embracing of doubt and uncertainty as "resting in the unknown." For her this ability to rest came as a result of an intentional decision to accept the reality of mystery and to let go of emotion as a marker of true faith:

I guess I know more about, just have grown to accept things that I didn't realize I needed to accept before. It's okay to not know everything and God is going to be God whether or not I...I don't have to have all the feels, the high for faith to be read and sustainable. In fact, it's not sustainable to think that it's going to be that easy euphoric feeling all the time. So I think settling into what faith is like in my life.

Beth, Cate, and Luke recounted how they had to adjust the idea that faith was an object to possess, a type of divine currency that could buy God's favor or guarantee certain outcomes. "I thought of myself not having enough faith so that God could not have used me, that's why he closed the door," Cate explained. For her "letting go" of that understanding of faith was essential to her accepting her current life situation. Luke echoed a similar letting go, one that involved addressing his lived theology:

If you ask me, "Is that what you believe? If you do these things God will be happy with you and give you the things you want?" I'd be like no that's not true, but again, I can look at 20 years of history and if I'm honest, that's what I believed deep down. No this is not what I believed but this is what my life lived out.

For all participants, releasing the belief of faith as currency was a necessary adjustment. As Beth summarized so well, "I came to realize that my faith with God is not a monetary transaction."

Essential to embracing doubt as a component of faith was the inclusion of resolution as an on-going process. In the beginning of their r/s struggles, participants looked forward to a time when they resolved their struggle, meaning that they came to a point when their problem was fixed and their doubts were eliminated. Over time, participants came to understand that resolution was not an event but a process that would always be a part of their faith experience. "I'm still figuring it out," Juan explained. "It's been a journey. I'm doing a lot of progress but I think I'm going to work on it for the rest of my life." Cate also embraced this idea of resolving as a journey when she said,

I am still in process and still on this journey, and it has been very slow and at times frustratingly slow. And just being okay with the fact that it's not a perfect new day, but it is in fact, a new day.

For Luke, he noted that although some questions or doubts may fade over time others would always be present and need attention: "And so just knowing all of that, that like somethings will probably pass on but there will be some aspect that I will probably deal with my entire life."

Regardless of the particularities, all four participants expressed a significant movement away from an understanding of faith as certainty to faith as a bumpy journey of trust that included a continual process of deconstruction/reconstruction. Each participant described this as an upward trajectory, meaning that despite all the wrestling, they had an overall sense of having grown spiritually. In this enlarged place of faith, participants released the need to have answers to all the "why" questions and were able to rest in the unknown.

*Expanded God image.* Another essential growth pathway that became evident in movement two was the expansion in participants' understanding of who God is and how God acts. All four participants had to wrestle with the discrepancy in who they believed God to be before entering into a time of r/s struggle and in who God seemed to be to them now. Given that all four participants came from evangelical backgrounds, each described their pre-struggle image of God in similar ways. God was a sovereign being who controlled the universe, directing events and people in such a way that God's will was accomplished. Participants talked about God exclusively in male terms, using masculine pronouns and images, especially God as father. Their God was a personal God who wanted to enter into

relationship with them and who invited them to join the divine mission in the world—the salvation of souls. As such, they believed God to be involved, in control, and of primary importance in their lives.

All four participants entered therapy with this God image crumbling. Their view of God was too limited, too constricted to encapsulate their current experience. For Juan and Beth, wrestling with God as father was a necessary first step. Juan expressed the need to expand his view of God from punishing father to responsible caretaker, one who could handle his anger and disappointment. As he explained, “You can be mad at God but God is not mad at you. God isn’t worried about that, he is going to take care of you.” This shift towards viewing God as caring parent allowed Juan to hold together two seemingly incompatible beliefs: God is good and bad things can happen.

For Beth, a more significant shift was necessary. When she entered therapy with Amy, Beth was struggling to reconcile how a loving God could have allowed her to be raped. In addition, given that her assailant was a man, Beth wrestled specifically with the image of God as masculine. As a result, she had rejected God as a protective father and instead adopted the view of God as a harsh father who abandoned her when she most needed him. Given that the only relationships that felt safe to her were Amy and her mother, Beth began to entertain the idea that God could be female or even gender fluid. As she wrote in her poem,

*We can both believe in a heavenly being that allegedly set the world into motion  
and yours can be a man but mine is most definitely a woman  
because I have never met a man with that much capacity for love.*

Although envisioning God as something other than male allowed her to feel safer in God's presence, Beth noted that she maintained an on-going discomfort with her emerging God image. This continual deconstruction/reconstruction in regards to God image left her feeling disconnected to the divine:

I guess it's something I don't like about God, the fact that they're so vague, not with how they describe themselves, cause I'm not trying to exactly give God an image. But more, it's hard to feel like I really know God when I don't have something to connect to.

For Cate and Luke, their God image enlarged to include an element of respect for the powerful and uncontrollable nature of God. Cate adopted the metaphor of a powerful ocean to describe her new view of God. Rather than just being a comforting being who ignited her with passion for life, Cate now saw God as more dangerous and unpredictable. She explained her choice of God as ocean in this way:

I think because the ocean is so powerful. And for me the ocean is comforting but it's powerful. So it's something that is dangerous and has to be respected for what it is because you could get sucked down and drowned pretty quickly, tossed around. So I think that it, it's like I'm learning how to respect the ocean again, or God, and interact with the ocean again.

For Luke, no longer viewing God as his personal genie was the significant first step towards embracing a more expansive God image, one that highlighted God's superiority. "And then part of it is just realizing that God's not my magic genie and when I rub the bottle, he gives me my wishes," Luke explained. "It's the other way around. I'm here to serve him."

Not only did all four participants have to wrestle with their understanding of who God was but also of how God behaved within the context of their personal relationship. As mentioned previously, the participants' pre-struggle beliefs about God included a firm conviction that God was personally involved in their lives. However, with the introduction of r/s struggles, participants began to doubt this belief and wondered instead if God was a remote and disinterested being. As Beth lamented to God and Amy,

Why didn't you [God] try to talk to me? If you did, show me how you tried! I want to know that God was intentional with trying to get me to come back into the fold because it never felt like that. It felt like silence for 5-6 years. And you know maybe God did do stuff. Maybe he sent people in my life and I sent them away because I didn't know. Maybe one of my friends or parents said something and I just dismissed it.

One of the most significant shifts came when participants began to attribute to God reciprocating actions and involvement in their resolving process. Said differently, when participants made space for the possibility that God was involved and interacting with them through their struggle, they reported greater progress in resolving their r/s struggles. With the aid of their therapists, participants were able to reflect back on painful events and see God at work in their lives. "I couldn't feel it. I couldn't see it," Cate explained. "I wasn't experiencing it even though he was there and looking back I can see all of the ways that God got me through a dark time." Luke echoed this assurance of God's presence even in the absence of feeling it. "It may not feel like it right now but he has promised that he will carry out that work and it will be completed." For Beth, proof of God's involvement was requirement for reconciliation. She tested God by saying she would only acknowledge God's

existence if her brother got a good job, an unlikely scenario due to his criminal background. “Cause if you want me to trust you, like there’s got to be some give back. Like I have to see you, see you move, see you do anything,” she told God. When her brother did find work, Amy reminded her of this statement. Beth described this powerful moment in therapy by saying, “It shattered the hate that I was harboring towards him [God] because even though I felt like God had really abandoned me, I personally saw him do something good for someone else.” In that moment, by naming that event an answered prayer, Beth concluded, “Ok that’s a good sign, like maybe God is real and maybe God is good.”

**Summary of movement two.** Movement two was the working stage of therapy with participants doing the important task of deconstructing unhelpful assumptions about God and faith and reconstructing new or altered beliefs that better aligned with their lived experiences. Counselors assumed an “in front” way of being and with patience and a participant-oriented focus navigated participants through meaning-making dialogues. Collaboratively, therapists and participants attributed beneficial meaning to the suffering associated with their r/s struggles and created a broader understanding of faith and a more developed God image. As a result, participants experienced growth and found themselves ready to shift into the third movement.

### **Movement Three—Disengagement to Re-engagement**

Hope and confidence were the dominate themes of movement three. Participants discussed feeling hopeful about their future and confident in their abilities to enact helpful coping. All four participants were seeing their therapists only periodically and mainly describing these sessions as a maintenance resource when the struggle felt particularly overwhelming. Participants discussed either having other support available outside of

counseling or moving in that direction. In this phase of therapy, participants described their counselors as their champions, as people who reminded them of what was working, who applauded their successes, and who challenged them to take the next step. In this way, therapists assumed a “behind” way of being. With a champion behind them cheering them on, participants described feeling empowered within the therapeutic relationship to move forward in their goals and re-engage in supportive relationships, faith communities, and r/s practices.

**Counselor as champion—relationship as empowerment.** As participants moved upward in their resolving trajectory, they described being less dependent on their therapists. They spoke of feeling more stable and calm even though all of their doubts were not eliminated nor their questions answered. With less need for their therapists to navigate them through unfamiliar waters, participants described looking to them for support rather than direction. As such, in this phase of therapy, participants discussed their counselors’ way of being as hopeful, encouraging, and supportive.

Participants described their therapists as exuding hope through encouragement. Beth discussed how Amy consistently “hyped” her up and helped her with self-confidence. “Amy was able to plant that seed of hope that I was capable of anything,” Beth explained. Juan talked about how important Matt’s encouragement was to him by sharing what Matt would tell him anytime he was disappointed by setbacks. “Even if you fall, it’s ok. If you fall, you can come back. It’s still progress.” Juan recounted adopting Matt’s comments as his own personal mantra. Similarly, Cate discussed how she could hear Amy’s encouragement to her throughout the day. “I can hear her in my head,” she said laughingly. She went on to explain

how mentally dialoguing with Amy helped her to maintain hope that she was making progress.

With their counselors expressing hopeful encouragement, participants described experiencing their counselors' way of being as supportive. Luke described Matt as being a "sounding board" for him. He could come into the session, get feedback, and feel confident about making decisions. Cate and Beth talked of a growing sense of friendship with Amy as she demonstrated her support for their future goals and decisions. For Juan, having permission to contact Matt whenever necessary communicated an on-going support. He felt comforted when Matt told him to "call me or email me and if you know that something is coming. Let's get together, and let's start seeing what things need to be done and keep doing your strategies. That's how it works."

With a champion behind them, participants described a new sense of empowerment in the relationship. Their secure connection to their therapists gave them the confidence they needed to reach out and establish outside support networks. In addition, with belief systems expanding to better incorporate their lived experiences, participants found themselves willing to re-engage in their faith communities and r/s practices. Overall, participants expressed a new sense of ownership in their resolving process.

**Key interactions and interventions.** As in the second movement, participants highlighted certain types of conversations as the key interactions that led to them to experience the relationship as empowering. Participants described remembering conversations, challenges, and check-ins as the most essential dialogical interventions. Concerning remembering conversations, participants discussed the vital role their therapists played in reminding them of their goals, coping strategies, and gains. For example, in his

maintenance sessions, Juan recounted how Matt would bring in a list from past sessions of what had been working, the coping tools that Juan had used effectively in the past.

“Remember we are doing this and this. It’s been working,” Matt would remind him. Juan stated that he would walk away from these sessions with Matt with a renewed sense of confidence. Similarly, Beth emphasized how reviewing her successes and focusing on her goals with Amy created great hope. “That’s my favorite thing to think about,” Beth explained. “That’s where I used to be. This is where I am now. If I can make this, I can make that. The ability to have hope again is refreshing. It’s like air.”

Participants discussed how sessions focused on remembering naturally led to their champions challenging them to enact their coping strategies with more confidence and efficiency in the future. Within these descriptions, participants described a sense of knowing what to do and feeling challenged to “just do it.” Luke and Juan talked about how conversations that focused on identifying warning signs and patterns of struggle was helpful in enabling them to enact coping immediately. Luke explained,

And me being cognizant of it and then kind of processing it so that the next time it happens. And being more aware of where I am mentally and spiritually and all that. I guess it’s just becoming a little easier to see things and see that pattern.

Juan echoed this ability to see the storm coming and enact helpful coping especially given the reality that his r/s struggles would be on-going. “It’s going to be a struggle in my life always,” he admitted. “And then okay, just calm down, use everything, my resources and focus on the things I can change. It’s up to me to do my part.”

Beth described having different types of challenging conversations with Amy, dialogues particularly focused on confronting distorted ways of thinking. For example, Beth

recounted a time when Amy confronted her deeply held belief that she was not worthy of love. Beth told the story in this way:

I didn't think I could even be loved or love in return and she [Amy] was able over time to help me realize that I am something worth loving and I have so much to offer....I want to say it was like in two sessions where it smacked me in the face.

She's really good at doing that with her words but like in a kind way. I needed to get smacked in the face with a lot of things that she said because no one is not worth loving and no one has nothing to offer like that's just ridiculous thinking.

For Beth, this challenging conversation resulted in her implementing positive self-talk when distorted thoughts would fill her mind. Beth reported making great strides in affirming her self-worth.

Perhaps the most effective coping strategy participants discussed feeling confident to employ after these challenging dialogs was the power of choosing their perspective. All four participants described feeling empowered to decide what they wanted to focus on in the midst of their struggle. "It's just understanding when those things come, I think part of it is seeing it in a different light," Luke said. For Luke, this different light consisted of focusing on God's promises instead of his own expectations. "I have to keep reminding myself that he [God] will carry his good work on," he said. "So it may feel like I'm stuck right now with all the broken pieces but something will come of that." Juan expressed a similar sentiment when he said,

I listen to positive things about God, even when I don't understand. He's good and I just focus on that and everything comes into perspective, focus....That's how therapy helped me to understand that it's okay to be upset, to realize that situations are hard,

but the only control I have is to change my attitude. So that's the biggest progress I have with all the process.

Overall, being reminded that they could do it challenged participants to "just do it." Empowered to enact coping, participants expressed determination to continue moving forward. "I can go back I know," Juan said with conviction. "It's like going to the dark side. I can go to the dark side if I don't look for the light. But I decide to not go there."

Finally, given that resolving r/s struggle is an on-going process, participants described the importance of their therapists checking-in periodically. Over the course of therapy, other goals and directions not related to the r/s struggle would rise to the surface and be the focus of attention. However, participants were quick to say that focusing on other issues was not an indication that the r/s struggle was resolved. In fact, they expressed appreciation when their counselors would evaluate how new issues might be influencing their resolving process. As Cate explained,

I have talked to her about progress through this journey and being able to kind of check in on it because I don't want to just walk away and think it's done, not evaluate where I am on it because I could very easily put it back into a little box on the shelf.

In these key dialogical interactions, participants described the important role their therapist played in helping them transition to taking ownership of their own resolving process. With less dependence on their therapists, participants began to reconnect relationally and spiritually with important others. As participants began to risk re-engaging in life around them, certain growth pathways became evident.

**Third movement growth pathways.** With a champion cheering from behind and confidence to cope with on-going struggle, participants discussed re-engaging with friends,

faith communities, and in r/s practices. The experience of being heard and unconditionally accepted by their therapists gave participants hope that they could receive similar responses from others. As such, participants began sharing their stories with friends and groups within their churches. These experiences led participants to start the process of re-engaging in their faith communities and r/s practices. Given their on-going interpersonal and intrapersonal r/s struggles, participants described the importance of these experiences in their growth pathways.

*The power of sharing one's story.* No longer afraid or ashamed of having struggled spiritually, participants risked sharing their story with others. They discovered that being vulnerable and opening up about their doubts and anger towards God with friends and with their faith communities helped to facilitate their reconstruction and reconnection process. Cate's story provided a good example of this growth pathway. After voicing her struggle aloud to Amy and to God, Cate described "getting to a place" where she was able to share her r/s struggles with a couple of close friends. She admitted that the responses of these friends were not particularly helpful but just sharing her struggles helped to "shed further light onto what was going on inside." Just by telling her story to a new audience, Cate gained a different perspective on her struggles, making each sharing occasion beneficial.

In addition, she observed two other positive outcomes from being more vulnerable with others. "I think the Lord has really honored every time I have said something. Every time I just said it out loud, there's been relief." Part of this relief was in her realization that her fear of letting others down or not meeting their expectations by struggling in the first place was unfounded. "I was just able to open up a little bit more and could take off the expectations that I don't think people actually had for me off and put them elsewhere," she

explained. Giving others the chance to disprove her faulty assumptions led Cate to conclude, “I don’t know why I’ve been so afraid of people thinking less of me. Nobody has.”

The second positive outcome that Cate observed was how her own openness invited others to do likewise. Said differently, by courageously sharing with others how she was struggling spiritually, Cate was giving permission to others to voice their own r/s struggles. After realizing how helpful it was to share her story with close friends, Cate agreed to speak to a large group of women at her church about her r/s struggles. Cate described that experience in this way:

So anyway, I think that experience in and of itself was healing, to be able to tell all the people that I see every week that this is what I’ve been dealing with and you didn’t know about it and I just want to tell you my story and what I know about God to be true.

As a result of telling her story, Cate recounted how several women approached her individually and confessed that they had struggled with similar doubts and anger towards God. Cate expressed a gratefulness that her own experiences of struggle could help others. Having walked the lonely, shame-filled road of spiritual struggle, she now spoke openly of her journey with hopes that others could experience the growth and healing that she had.

Juan told a similar story, one that also highlighted how sharing with others accelerated and reinforced his growth. Given the gender scripts he inherited as a Latino, Juan described feeling the need to mask his feelings for fear of others seeing him as weak. Not until he risked being vulnerable with Matt did he realize how liberating raw honesty could be. “I started to be vulnerable, like this is what is going on. This is my problem. Being honest. Letting my soul be naked in front of somebody which I never did before and that

was impeding me to get progress because I was just saying the good things,” Juan explained. The more he opened up to Matt, the more he experienced a sense of freedom and strength. “So vulnerability, it’s been liberating for me. Honestly, I understand that vulnerability is a good thing. It makes me stronger.” Not wanting to keep this liberating force to himself, Juan decided to risk being vulnerable about his r/s struggles with his men’s group at church. “I’m trying to include it in my men’s group a lot now,” he said with a smile. “And everybody is like, ‘Wow!’ Now we start to say more things, talk about our feelings a little bit more even when it’s hard.”

In both of these examples, participants highlighted how sharing with others led to growth. Not only did participants continue the meaning-making process by inviting others into their dialogue, but they further combated their sense of isolation and extinguished their shame. They realized they were not alone in their struggles and that others were not judging them for doubting. In fact, their courage in sharing their story with others awakened them to the altruistic potential of being open. Now they could be a beacon of hope to others in the midst of r/s struggle, an experience that created yet another layer of meaning to the purpose they gave their own suffering.

***Re-engaging in faith communities.*** Another important growth pathway that became evident in the third movement was the steps participants took towards re-engaging with their faith communities. As mentioned when discussing the decline pathways, all four participants experienced interpersonal struggles, a sense of either anger towards or estrangement from their churches. They held their churches partly responsible for their faulty theological beliefs and assumptions about faith. As such, progressing in their resolving process meant addressing the pain caused by their faith communities and its leaders. By the third

movement, participants expressed a willingness to look at this distressed relationship. “I need to be in church,” Luke stated. For him, part of the solution to letting go of his disappointment and not being so “pissed off” at the church was to start over and find a different church to attend. Slowly but surely, he was integrating himself into the life of a new church. Testing the waters one night, Luke shared with his new small group some of the struggles he faced as a single man. The group empathized with him and prayed for him, leading Luke to conclude that perhaps he could trust them with a deeper level of sharing. He described this process as one of rebuilding. “I’m still looking, still trying to get to that place where I would be willing to go back and say, ‘Here’s all the other stuff.’”

Juan’s journey towards re-engaging with his faith community started with a decision to begin forgiving his church for their complicity in his struggles. As a former seminary student himself, Juan talked about the lack of training he received in identifying and resolving r/s struggles and concluded that most pastors must not have the competency necessary to work in these areas. Given this reality, he decided that the pain most churches caused was not intentional and therefore could be forgiven. “So I healed, just forgiving and understanding that it’s not, it was not intended. It was omission. It was omitted, something that was omitted. I love the church but I think that area, that needs to be improved.”

For all the participants with the exception of Beth, reconciling with the church was a necessary part of reconnecting to God. Beth who evidenced the highest levels of distress associated with interpersonal struggle expressed more hesitancy and apprehension about re-engaging in a church community. Not only was her mistrust based upon her own personal experiences but also on stories she had been told, leaving her to wonder if she could ever fully trust church leaders again.

I'm still very apprehensive because, I don't know if church is ever going to be what it really should be because there's people involved, you know....And I understand that fellowship is important or is at least an important piece in building and maintaining someone's faith. It's hard to go back to that after feeling like I was lied to.

For her, re-engaging with church would only happen with time and patience, if ever.

However, in her last comment on the topic, she expressed a hesitant hopefulness that had not been present before:

Even now I still don't feel that prepared because I'm just now getting back into church and I'm not even going to like the worship service or big church. I don't know if I can yet. I'm doing premarital counseling in a church like, baby steps. I'm able to talk about God and I'm able to finally have my faith in him. We will get there.

***Re-engaging in r/s practices.*** Problematic and leading to decline pathways was the understanding of r/s practices as the exclusive remedy for any type of r/s struggle.

Participants initially sought to cope with doubts and anger by reading their Bibles and praying more. When these r/s practices did not bring relief or dissolve stressful emotions, participants dis-engaged, creating a sense of shame and failure. During the therapeutic process, participants described an evolving understanding of the role of r/s practices in their lives, one that allowed them to take steps towards re-engaging in them. How participants expanded their understanding shed light on yet another growth pathway within the third movement.

Although ambivalence remained, participants began to give different meaning to the role of r/s practices in their lives. Where before they saw reading the Bible and praying as

solutions to their problems, they now identified these practices as resources, as a part of their entire coping repertoire. For Luke, r/s practices became a part of a “multipronged attack” rather than his only weapon to combat his depression. To make this important shift, Luke discussed how viewing the Bible as a book of promises rather than a book of answers was helpful. He explained his evolving understanding in this way:

I’m also realizing that it’s not like you can find every answer to every single question you have about life in here [the Bible]. It can give you guidance as you’re looking in those particular areas but it’s not going to say, “All right, this is how you should date somebody when you are 41 and never dated anyone.” You’re just not going to find that in scripture.... And then part of it is just keep working through it. This is what scripture says. These are the promises of God. And you know just knowing the scripture and knowing those promises and being able to meditate on those promises.

Similarly, Cate described moving away from the belief that prayer solves problems:

I think my biggest issue was with the prayer. You just have to pray and talk to God and feeling closed off and then not wanting to do it at all. Yeah, I had never considered treating it like it was a solution and then that solution not working, but I think that’s absolutely right.

For the participants, once they were able to dismiss the idea of r/s practices as solutions, they were able to embrace them as resources for communion with the divine and for spiritual growth. “We were also never promised that God will answer all of our prayers. He just calls us to pray and to be in relationship with him,” Luke explained. Concerning the ultimate aim of reading the Bible, he said, “I guess it’s a resource, but I think part of it is that I know that it’s to guide us to godliness. It’s there to show us who Christ is.” Juan elaborated

on this perspective when he described communion being a way to manage and persevere in the midst of his r/s struggles. He commented on how being honest with God in prayer, as modeled by the Psalmist, was helpful to him:

But I guess in the personal life, in my own prayers I'm more open to say, "I feel like this. I feel disappointed." I learned a way not to just gripe because I learned that if I just gripe in prayer or if I just gripe in general, it feels good for the first five minutes but then I go deeper and deeper into a dark place. So I learned that I don't need to go that negative. I need to say it, tell the truth, but then find a way out. So that's something I also saw in a lot of psalms. They start very sad. They get a little happy in the middle, and at the end they praise God.

By attributing different meaning to the role of r/s practices, participants noticed their sense of failure and shame diminishing. Previously, they had evaluated the strength of their faith based on the frequency of their involvement in prayer and reading the Bible. In other words, they were good or bad Christians based upon their discipline to engage daily in these practices and as a result not experience r/s struggle. Now they saw these practices as integral to increasing their faith, maintaining their hope, and giving them a medium to voice their struggle to the divine. By disengaging from the belief that r/s practices determined their value as Christians, participants were able to re-engage in them with a more balanced view of their role and importance. As Luke explained,

But we are so used to if we want to see how our faith is doing. How much are you praying? How much are you reading your Bible? Those are all very important, but also if it's not happening then I must be doing it wrong or I'm not a good Christian. And so I'm not trying to completely discount that but at the same time, you know,

trying to find the grace. You know there will be times when you struggle to read and you struggle to pray and so don't continually beat yourself up about it. It makes it harder and harder to get back into those things. But also don't get to the point where like, oh yeah it's going to be hard to read my Bible or pray so I'm not going to do it. So it's a tightrope, a tension you have to manage.

**Summary of movement three.** In movement three, participants expressed a confidence in moving forward in their goals, owning their resolving process, and enacting their coping strategies. Their experience of their counselor's way of being was that of a champion, an encouraging and hopeful presence that cheered them on from behind. As such, participants described the relationship as empowering with their champions reminding them of their successes and challenging them to trust their abilities. No longer alone in their struggles and with self-efficacy increasing, participants risked re-engaging in relationships both inside and outside of their faith communities and in r/s practices. In all these ways, the third movement reflected a hopefulness for continued growth and resolving of their r/s struggles.

### **Dialoging with the Researcher: Another Layer of Meaning-Making**

In the final interview, I invited participants to reflect on how interacting with me in a research context influenced the ways they were making meaning of their experiences in therapy. Given that all four participants were meeting with their therapists throughout the research process, I wondered if our conversations were finding their way back into the therapeutic setting. In other words, I wondered how the meaning we were making of their experiences was influencing what they were taking to their therapists and vice-versa. Participants responded eagerly to these questions, with their answers shedding further light

on the role their counselors' way of being and the therapeutic relationship played in their growth pathways.

Every participant remarked that the research process provided them an opportunity to examine their therapy experiences from a different perspective, one that helped them to identify with more precision what had been beneficial in their growth. Participants described the research perspective as a "bird's eye view," allowing them to see the trajectory of their growth over time and identify significant moments. Cate explained,

I think before and even in the midst of our conversations, it was like I was on a ride and I was just going. And so you asking questions made me have to look back and see where on the map certain things happened. I mean I know that it's been helpful. I've experienced health, and healing and growth, but I can, I guess now, hopefully, pinpoint when certain things happened along the way to get me to the point where I am today.

For Beth identifying the tools she was able to develop in her time with Amy was especially helpful and comforting:

It feels good to be able to identify those specific tools that I've gained from therapy and the fact that even after therapy, whenever I decide that I don't need it anymore, if I don't ever need it anymore, I'll be able to take these with me wherever I go and it's really comforting.

All four participants discussed how viewing their process over time was encouraging as it helped to remind them of their personal and spiritual growth. Juan discussed not being aware of how much progress he had made in the past five years until he met with me. "I am glad and this has reminded me of how much work is being done!" Juan exclaimed. Beth

focused specifically on how our interviews highlighted the amount of growth she has experienced spiritually while working with Amy.

Amy has helped me to change over time, but then getting pulled out of therapy into a different type of therapy [research process], it helps me be able to have a bird's eye view on it and have a better perspective about God even. Like from this my faith has grown because I'm able to see how my faith grew.

Beth went on to discuss the integral role Amy played in helping her to affirm that God existed and loved her. Noticing this increase in her faith made Beth hopeful for the future and for continued resolution of her r/s struggles.

Although Luke pointed out several ways he had grown throughout his time in therapy, he commented on how being involved in the research process had also been a “gut punch” for him. He used the metaphor of a test review to describe his experience working with me. While sharing the meaning he was making of his r/s struggles, he noticed several areas where he had on-going regret. Seeing not only how far he had come but how far he still had to go left him wondering if he was progressing quickly enough. As he felt the blanket of self-condemnation descend periodically throughout our interviews, Luke described making an intentional decision to allow this reminder to spur him towards moving forward. In other words, He let this gut punch motivate him to make changes in the present moment. He explained,

But just getting to the point of like, yeah I can't change it, but I can change how I act today and how I perceive God's promises today and realize that he doesn't promise me any of that, but he does promise me that he will be with me....So let me focus on that instead of what I didn't do and can't change.

Being reminded of their growth led the participants to express gratefulness for their therapists and for therapy in general. Participants remarked to me that they had never thought about how the counselor's way of being and their relationship influenced their growth in therapy. Reflecting on these aspects made them pay more attention in therapy. Said differently, by asking questions about the person of the therapist and how the relationship was helpful, participants began to look for these things in their sessions. The result was a growing appreciation for their therapists and a greater sense of connection. "I'm very grateful for him, and I'm grateful because he's awesome," Juan shared. "I admire him a lot. He's very good at what he does. He's a very good person." Beth echoed this thankfulness for Amy when she said,

Getting to talk about how helpful and useful and encouraging she's [Amy] been, it just makes me appreciate her so much more. Even talking about it, it makes me feel like she cares even more than I thought she did originally.

This gratefulness increased motivation for participants to work harder in therapy, to make the most of their time. Cate explained, "I do think it's made me more aware of what has gone on in the process of healing and maybe not taking it for granted." Juan elaborated on this idea when he stated,

Just sitting with him and seeing where I've come from makes me take every minute of that session to be more efficient. I take my notes. I make it more. I mean it's an investment. It's valuable. I'm more grateful with the counseling, with Matt, with the progress. Really I'm more conscious.

Reviewing their time in therapy and paying particular attention to their counselor's way of being and the therapeutic relationship not only highlighted certain growth pathways

but reinforced them as well. Participating in research helped participants clarify what was helping, the coping strategies that were especially beneficial. Understanding how they had grown and specifically what had helped them grow increased their confidence in the process and in their therapists. Participants left the third interview more hopeful for on-going change, more appreciative of their counselors, and more invested in the relationship.

### **Conclusion/Summary**

Before seeking counseling, participants were engaged in decline pathways characterized by isolation and shame. Initial coping mechanisms, especially focused on enacting religious coping through r/s practices, had failed and participants' distress compounded. As participants entered therapy, they established a connection that eventually allowed them to do the hard work of reconnecting to God, reconstructing faith beliefs, and re-engaging in their faith communities and r/s practices. With a counselor encompassing them alongside, between, in front, and behind, participants experienced a therapeutic relationship characterized by connection, collaboration, and empowerment. The result was growth, movement along the resolving pathway.

## **Chapter 5**

### **Discussion**

The goal of this hermeneutical phenomenological study was to understand how clients' lived experience of therapy, specifically their experience of the therapeutic relationship and the person of the counselor, influenced the pathways they took towards either growth or decline in the midst of r/s struggles. Although qualitative research by nature does not have the goal of proving causality or of generalizing findings, the rich data provided by each participant over the course of three in-depth interviews possesses great theoretical and practical significance. Theoretically, the participants' stories of their experiences in therapy addressing r/s struggle adds depth and nuance to our understanding of religious coping and common factors research. Practically, the findings contain important clinical implications as they shed light on actual growth pathways as opposed to theoretical ones. Previous studies evaluated interventions designed by researchers, resulting in participants only affirming or refuting theories of what might be helpful to the resolution of r/s struggles. This study, on the other hand, was one of the first that focused on identifying what naturally emerged within the therapeutic setting that led to growth pathways. As such, this hermeneutical phenomenological study acknowledged the true experts, the participants, and allowed them to inform us concerning which interventions and interactions, which themes and meaning-making conversations, helped them to move forward in their resolving process.

In this chapter, I will discuss how the participants' stories interact with and add to what is already known in the field of religious coping and common factors. Said differently, I will let my participants' stories dialogue with the existing literature, highlighting how their experiences add to and/or give depth to it. Next, I will point out key findings that arise at the

intersection of these two fields of study, demonstrating how a counselor's way of being and its influence on the therapeutic relationship specifically influence the resolving process. Given that one of the major objectives of this study was to increase r/s competence among therapists, I will identify and elaborate upon several clinical implications and make suggestions for future research. Finally, I will conclude by noting the limitations of the study.

## **Dialoguing with the Literature**

### **Religious Coping Literature**

Over the past decade, the religious coping literature brought a great deal of attention to the implications of unresolved r/s struggles. To address this issue comprehensively, researchers identified the predictors, prevalence, types, and outcomes of r/s struggles (Exline, 2013). More recent research focused on predictors of growth and on what helps individuals resolve these struggles (Exline et al., 2017; Wilt et al., 2018). The findings of the current study add to this growing body of literature. By hearing from strugglers directly, this study broadens our understanding of the nature of r/s struggles, identifies growth and decline pathways, and speaks to the growth/decline dilemma.

**Nature of r/s struggle.** One of the first areas of interest in the study of r/s struggles was identifying and categorizing the various types of struggle and examining levels of distress associated with each one (Exline, 2013). Researchers identified three types—supernatural, interpersonal, and intrapersonal—and discovered that divine struggles often resulted in the most distress (Abu-Raiya, Pargament, & Exline, 2015). In addition, researchers looked at how these different types of struggles interacted and concluded that they were only minimally correlated and emanated from different sources (Ellison & Lee,

2010). Often, participants in these studies identified experiencing only one type of struggle with minimal distress.

In the current study, all four participants reported experiencing each of the three types of r/s struggle with divine struggle being the most distressful. Rather than being minimally correlated and originating from different sources, their r/s struggles were intermingled and interdependent. Their anger at God led them to question their r/s beliefs, leading to shame and disengagement from religious communities. Said differently, supernatural struggle was inseparably linked to interpersonal and intrapersonal struggle, creating a recursive cycle that increased overall distress.

Perhaps one explanation for this variant finding centers around the particular religious association all four participants claimed. The participants grew up in and attended evangelical churches, a stream of Protestantism that emphasizes fostering a personal relationship with God by engaging in r/s practices. In addition, leaders emphasize adherence to certain doctrinal and moral stances as evidence of commitment to biblical authority and obedience to God. Therefore, when participants doubted their faith and carried anger towards God, they believed they were sinning. This sense of failure and shame led them to disengage from r/s practices, yet another act they considered “disobedient.” This resulted in participants experiencing all three types of r/s struggles simultaneously. Future research could investigate further this interdependence between the types of r/s struggle and the impact this interplay has on individuals in the resolving process.

Another area of discussion among r/s struggle researchers is whether or not r/s struggles make a distinctive contribution to well-being (Fitchett et al., 2004). Most recent findings suggest that r/s struggles are distinctive, meaning they reflect aspects of

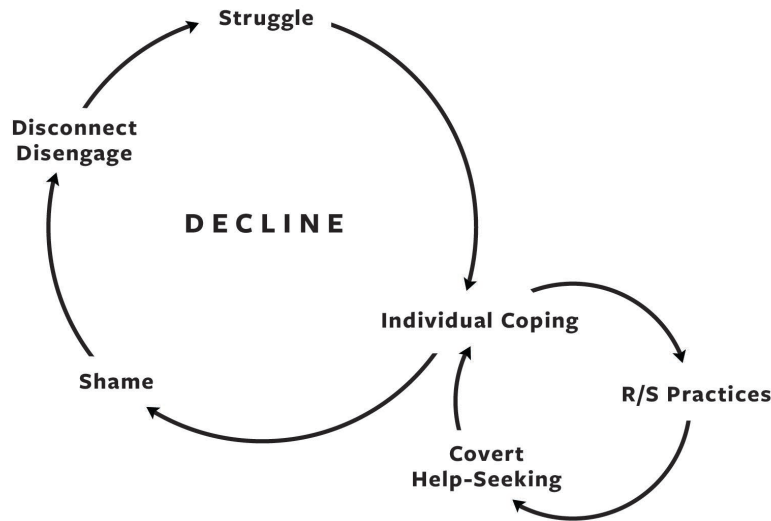
psychological functioning not better explained by other variables (Wilt et al., 2017). This study affirms and nuances this finding. All four participants sought therapy for help with anxiety and depression and were unaware initially of their underlying r/s struggles. After addressing these presenting symptoms and finding some measure of relief, participants described coming to a realization that they harbored anger towards God. From this point forward, reconnection to God and reconstruction of certain faith beliefs became the participants' primary therapeutic goals. Had their therapists not assessed for and attended to these r/s struggles, participants may not have reported such positive outcomes in their therapeutic experiences. Said differently, to address only the by-products of their distress— anxiety and depression—therapists may have missed attending to the source of their distress—anger at God. As such, participants' experiences help illuminate what many researchers have been suggesting, that r/s struggles reflect unique aspects of psychological functioning and thus have unique implications for well-being (Wilt et al., 2017).

**Growth and decline pathways.** Understanding the pathways individuals actually take towards growth or decline has been one of the most underexplored areas of research in the domain of r/s struggles (Exline, 2013). Researchers (Desai & Pargament, 2015; Exline et al., 2017) have identified some predictors of growth and decline by investigating factors such as struggle severity, availability of positive and negative religious coping strategies, and personality and/or attachment characteristics. Given that the majority of the studies are quantitative, few studies have actually prioritized the voices of strugglers and allowed them to illuminate these pathways. The current study adds to this body of literature by observing growth and decline pathways and by providing specifics about which positive religious coping methods actually led to growth.

*Decline pathways.* Although a great deal of research demonstrates a strong link between decline pathways and distress, the majority of these studies do not illuminate the pathways that actually lead to decline (Abu-Raiya, Pargament, Krause, et al., 2015; Ano & Vasconcelles, 2005). In other words, what individuals do that result in decline is not a major focus in the literature. Interestingly, in this study, all four participants spent a great deal of time telling their decline pathway stories. The similarities in these stories were striking and as such help to provide a glimpse into this relatively unexplored area of the literature.

The themes that emerged within the participants' decline pathway stories (see figure 1) both align with and add to the literature. When r/s struggle hit, the participants responded by attempting to cope individually and internally, a finding similar to that of other studies (Fisler et al., 2009; Keith, 2017). However, the current study illuminated more fully this individualistic coping stage. When the distressful event occurred or when anxiety and depression escalated, participants immediately enacted the religious coping strategies prescribed by their faith communities—prayer and reading their Bible. For various amounts of time, participants engaged in these r/s practices with the aim of fixing or resolving their struggle. Unlike Keith (2017) who placed these religious coping attempts in her Seeking Resolution stage and identified them as helpful, the current study links these failed attempts to decline and eventual disconnection from God and others. In other words, because participants felt like failures and bad Christians when their attempts to solve their r/s struggles with r/s practices failed, they disengaged from them, a decision that exacerbated their disconnection from God. Even as participants moved through deconstruction/reconstruction and re-engagement with faith communities, they reported on-going struggle in their relationship to r/s practices. In sum, contrary to Keith's (2017)

findings, participants in this study remained ambivalent about the role and helpfulness of r/s practices, a finding that suggests that these practices may not be as helpful in early stages of the resolving process.



*Figure 1. Decline pathways*

Covertly seeking help was another dimension of individual coping. At this stage of their coping, participants did not feel the safety nor the freedom to reach out to others concerning their r/s struggles. Instead, they sought to discreetly find answers to their doubts and confusion in a couple of different ways. A couple of participants reported testing the waters, meaning they revealed a portion of their r/s struggle and then gauged the response of their listener. When met with silence or with reactions of discomfort, participants described shutting down. Another way participants sought help indirectly was by engaging family and friends in faith conversations. Without acknowledging that they had personal concerns or doubts about these topics, participants used the pretense of curiosity about others' r/s beliefs to help clarify their own. In both examples, participants in the individual coping stage

expressed a desire to include others in their struggle but felt barriers to doing so. Keith (2017) described a similar phenomenon in her study, citing fear of judgment from those within the faith community as the primary reason her participants remained silent and disengaged from relationships. As such, both studies point towards on-going isolation due to a felt sense of not being able to seek help from close friends both inside and outside of faith communities.

Although Keith (2017) mentions shame in her study, she does not highlight or comment on its role in declining pathways. In the current study, participants all described a sense of shame resulting from failed attempts to resolve the struggle on their own using r/s practices. The more they tried with little effect, the more shame they experienced. With increasing shame came increased disconnection from others and eventual disengagement from r/s practices and faith communities. In other words, shame was the underlying distressful emotion that perpetuated the decline cycle. Identifying the role of shame plays in decline pathways provides an important addition to the literature and an area that merits further research.

***Growth pathways.*** Consistent in the literature is the finding that positive religious coping, especially meaning-making, remains the best predictor of growth in the midst of r/s struggles (Desai & Pargament, 2015; Exline et al., 2017). However, the specific types of positive religious coping—the attributions, metaphors, God images, and theodicies—that lead to growth pathways is unclear. The current study illuminated these growth pathways by highlighting the types of positive religious coping and meaning-making interactions and interventions that emerged within the context of therapy. As such, the participants' stories correlate with and add to what we know of these pathways from the literature.

The co-creation of meaning was the most significant growth pathway in the current study. In fact, participants learning that they had the freedom and ability to choose their own meanings provided an empowering first step. Raised in a tradition that equates strong faith with never doubting and holding fast to certain prescribed theological and doctrinal beliefs, participants had no working model for nor permission to enter into a period of deconstruction/reconstruction. As they wrestled dialogically with their therapists over the dissonance between their learned and lived theologies, they adjusted, rejected, adopted, and adapted previous belief systems to better fit their lived experiences. The result was a more expansive faith, one in which participants gave themselves permission to embrace a both/and perspective in favor of one characterized by either/or.

As other studies demonstrated, people who hold benevolent theodicies (Wilt et al., 2016) and God images (Murray-Swank & Pargament, 2005), and who believe God to be helping them (Exline et al., 2017) more likely to grow in the midst of r/s struggles. Likewise, for the participants in the current study, the most helpful meaning-making dialogues centered around these themes. Given that these themes are mutually influencing, participants often dialogued about them simultaneously. However, a turning point appeared to occur when participants made the intentional decision to affirm the goodness of God's character. In other words, participants reported that their growth trajectory began when they rejected images of God as malevolent and embraced God as good. This finding correlates with Keith's (2017), as she highlighted how her participants also experienced a pivotal shift when deciding to embrace God's character as good.

Once this essential divine characteristic was affirmed, participants were able to open themselves up to differing perspectives on suffering and eventually embrace benevolent

theodicies. Of particular help were beliefs that the Fall (the theological belief that in the Garden of Eden, Adam and Eve's choice to disobey God resulted in all of humanity being born with a sin nature), Satan, and free will were responsible for suffering rather than God, findings that replicate earlier research (Exline et al., 2017). With God not to blame for evil and suffering, participants were able to envision God taking on a different role in suffering. Particularly helpful to participants was the belief that God was a God who both experienced suffering personally and who suffered alongside others. By looking at the life and death of Jesus, specifically his suffering on the cross, participants shifted towards embracing a tension that included believing that God could simultaneously allow, be present in the midst of, and empathize with suffering.

Benevolent God images are also linked to more positive outcomes in the literature (Murray-Swank & Pargament, 2005). This study adds to these findings by specifying the types of God image shifts that correlated with growth pathways. Although each participant made different adjustments to their God image based upon their unique circumstances and perspectives, a couple of general shifts emerged as common to all four participants. First, participants moved from a belief in God as completely knowable to one of God as mysterious and beyond comprehension. Initially anxiety-producing due to their strong convictions about the Bible's efficacy in making God known, participants discovered a greater sense of peace as they accepted God as infinite and therefore beyond their grasp. Moving away from a constricted view of God allowed participants to acknowledge that perhaps their understanding of God rather than God's character itself might have been at the heart of their confusion and distress. Said differently, participants recognized that their interpretations of God character based upon their understanding of scripture might be at fault rather than God.

Second, all four participants noted a shift away from an image of God as something akin to a contract negotiator. Participants held a lived theology that affirmed a contractual faith agreement with God, meaning they believed if they invested in r/s practices and held specific r/s beliefs that God was obligated to release certain blessings (i.e. provide a spouse, protect from all harm, and fulfill dreams and goals). These unmet expectations lay at the heart of their anger and resentment towards God. Releasing this view of God allowed participants to start turning to God for comfort rather than blaming God for their circumstances. Results such as these affirm what other researchers have noted, that reworking God images can be helpful in resolving anger towards God (Hall & Fujikawa, 2013; Moriarty & Hoffman, 2007), leading to further progress along growth pathways (Keith, 2017; Murray-Swank & Pargament, 2005).

More recent studies demonstrate a link between growth pathways and individuals' perception that God is an active partner in helping them resolve their r/s struggles (Exline et al., 2017; Wilt, Stauner, Harriot, Exline, & Pargament, 2018). The results of this study tell a similar story. Participants over the course of the three interviews increasingly attributed to God helpful, compassionate, and merciful actions on their behalf. Participants spoke of God answering prayers in ways they did not see initially, of God using their pain for the benefit of others, of God using others to comfort them in their sorrow, and of God using them in ways they did not expect. In fact, expressions such as, "I didn't notice this at the time but God..." and "Now, I realize God was using this to help me..." provided evidence of the participants' increasing desire to see themselves in partnership with God to resolve their r/s struggles. The more participants reinforced that they were in collaboration with God to resolve the struggle, the more growth participants reported (Wilt et al., 2018). Of particular note in this study was

the participants viewing God as intervening on their behalf through the person and work of their therapist. Participants espoused a firm conviction that God led them to their therapist and then used their therapist to help them resolve their struggles. This finding reaffirms the importance of a counselor's way of being in facilitating the type of therapeutic relationship that leads to growth.

Unlike other studies that have found engagement in r/s practices to be correlated with growth (Exline et al., 2017; Keith, 2017), this study revealed a more complicated relationship. As mentioned when discussing decline pathways, when engagement in prayer, Bible reading, and church activities did not resolve their r/s struggles, participants experienced decline. Only after making two significant shifts were they able to begin the process of re-engaging in these practices. First, participants had to accept the possibility that engagement in r/s practices may not resolve their doubts or dissolve their anger. Instead, they had to embrace the role of these practices as resources, as one of many coping mechanisms. Said differently, participants moved from seeing participation in r/s practices as solutions to their problems to seeing them as resources to manage their distress. Second, participants found it necessary to acknowledge their unhelpful tendency to use r/s practices as an evaluative method to determine their level of spiritual success or faithfulness. Only after being able to reaffirm that the primary role of r/s practices was to nurture a relationship with God were they able to begin re-engaging in them. However, even as participants began to advance in their resolving process, they maintained continued ambivalence about the role of r/s practices. Each participant observed a lack of motivation to engage in prayer and Bible reading as frequently as they once had. Future research could explore this ambivalence and

shed further light on the ways individuals create pathways that allow them to fully re-engage in r/s practices.

**Growth/decline dilemma.** Whether or not r/s struggles can lead to growth is one of the least understood and researched areas in the literature. Some findings show no relationship between r/s struggles and growth (Ano & Vasconcelles, 2005), others only a correlation between PTG and r/s struggles (Pargament, Desai, & McConnell, 2006), and some only decline (Exline, 2013). Theories about these mixed findings abound with researchers highlighting the difficulty of operationalizing growth (Exline, Hall, Pargament, & Harriot, 2017), and the inadequacy of cross-sectional studies (Abu-Raiya, Pargament, & Krause, 2016).

Given that the current study was qualitative and that participants had experienced r/s struggles for years, the findings have particular relevance to this question. Participants describe their journey, in general, as an upward one with bumps along the way. For them, resolution is an on-going process not an event in time. As such, they talk about their trajectory as one of growth but with phases of uncertainty and distress. Describing the nature of the resolving process in this way may shed light on why researchers continue to discover mixed results when addressing the growth/decline dilemma. Responses participants give may vary depending on whether or not they are in a “bump” phase. In other words, mixed results could be a reflection of when along the trajectory researchers ask participants about their sense of having experienced growth. More longitudinal studies in the future could help researchers understand better what growth or decline might look given the nature of the resolving process.

Another possible explanation for these mixed results could be inferred from the participants' differentiation between personal and spiritual growth. When participants talked about experiencing personal growth, they told stories of reduced anxiety and depression, increased competence in coping, and a greater sense of overall well-being. Spiritual growth, on the other hand, centered around stories of a felt sense of connection to God and frequency of engagement in r/s disciplines and faith communities. For example, Beth and Luke both spoke of coping better with their depression and anxiety; however, they also reported a great deal of ambivalence over their sense of having grown spiritually. Both reported being spiritually stagnant as evidenced by an absence of feelings for God, a lack of engaging in prayer, and ambivalence towards attending church. In both cases, participants spoke simultaneously of experiencing both growth and decline, giving credence to the argument that the definition and operationalization of growth is problematic in quantitative methodologies (Exline, Hall, Pargament, & Harriot, 2017).

This differentiation could lay the groundwork for future research in several ways. Researchers could investigate the criteria by which individuals evaluate their spiritual growth or decline in order to explore further this growth/decline dilemma. What other factors do individuals consider when assessing their spiritual growth, and how would these criteria influence therapeutic interventions? In addition, given that for participants in this study personal growth preceded growing spiritually, future studies could examine the influence of perceived setbacks in personal growth on the resolving progress. More qualitative research could help clarify these terms and further illuminate growth pathways.

## Common Factors Literature

Common factors research has demonstrated that clients' perspectives of the strength of the therapeutic alliance is the strongest therapeutic predictor of positive outcome (Duff & Bedi, 2010; Wampold et al., 2017). Said differently, when clients feel a strong emotional connection to their therapists, one that includes a shared agreement of the tasks and goals of therapy, they are more likely to evaluate their therapeutic experience as positive and growth-enhancing. In this unique relationship, the therapist plays a central role, with his or her way of being fostering and nurturing a dialogical space that creates the potential for growth (Fife et al., 2014). The results from the current study align well with and emphasize certain key aspects of these earlier findings.

Whether adopting Rogers (Rogers, 1948; 2007), Buber (Buber, 1970), or Anderson's (Anderson, 2012a) conceptualization of a counselor's way of being, the results from this study affirm that certain therapist attributes are essential for creating a strong therapeutic alliance. Participants reported that their therapists being genuine, unbiased, non-judgmental, humble, patient, empathetic, hopeful, and consistent paved a way for them to emotionally connect to and be vulnerable with their therapists. These characteristics echo what researchers have identified in the therapists' effects research (Baldwin & Imel, 2013; Wampold et al., 2017).

In addition, the specific interactions that led participants to identify these attributes in their therapists also correlated with existing literature (Ackerman & Hilsenroth, 2003; Duff & Bedi, 2010). Participants spoke of the importance of validation, normalization, active listening, and encouragement. Of particular note in this study was the role that dialogical interactions played in the participants' description of helpful therapists' techniques.

Participants spoke often of the facilitating, prompting, and navigating roles that their therapists assumed. Especially in the working stage of their therapeutic experience, participants praised their therapists' abilities to create an effective space for wrestling with ideas, beliefs, and r/s dissonance. Said differently, when therapists created space for participants to engage freely in their own work of deconstruction/reconstruction, participants expressed feeling as if their therapists were unbiased, non-judgmental, and "for them."

### Filling in the Gaps

Perhaps this study's most significant contributions to the literature occurs at the intersection of the religious coping and common factors research. This study focused on how a counselor's way of being and the therapeutic relationship influenced growth pathways. Given that these two common factors are the greatest therapeutic predictors of client change (Fife et al., 2014), how they specifically interact with the resolving process is of ultimate concern to therapists working in the area of r/s struggles. To illustrate visually these key findings, I have provided the following diagram.



Figure 2. Common factors influence on the resolving process

The overarching motif of participants' stories was movement from disconnection to connection. In other words, connection was the ultimate goal of therapy whether that connection was to God, self, others, or r/s beliefs and practices. As such, how counselors were "with" participants, how they were connecting "with," was the single most important aspect of the therapeutic process. As the Figure 2 demonstrates, each way of being fostered a sense of the overall therapeutic relationship that paved the way for interactions that led to growth. In other words, how counselors connected with participants fostered a relationship of connection that allowed for certain types dialogical interactions that resulted in connection to God, self, and others.

First and most importantly, the most critical way of being, the one that made moving forward possible for participants, was that of companion. In this "alongside" position, therapists were able to stand side-by-side with participants, witness their pain, and be "with" them as fellow human beings. The power of this way of being becomes evident when we envision this stance metaphorically. Being alongside someone communicates equality and a shared human condition. When companions stand side-by-side, they can join hands, a symbolic act that acknowledges the universal and shared nature of pain. This "alongside" way of being breathes life into validation and normalization. No longer therapeutic tools but a way of being with, these interventions communicate to clients that they are seen, heard, and no longer alone.

Only after participants connected to their therapists could they begin the journey towards reconnecting with God and others. With confidence in their alongside companion, participants were able to risk shifting their attention towards God. However, given the

broken trust in their relationship with the divine, participants were not able to address God directly. As such, their therapists assumed a “between” way of being, creating a bridge between participants and the divine. Again, a glance through a metaphorical lens helps us to understand the significance of this way of being. A person standing between two people has the ability to link them together indirectly. This mediator can hold the hand of each person and over time and with developing trust join their hands together and step aside. The mediator remains a steady support until the two are reconciled. Within the context of r/s struggles, this “between” way of being bridges clients to God, allowing them the time and space to realign with God. This initial realignment to God provides a necessary first step in the reconnection process.

Connection to the counselor and realignment towards God preceded deconstruction. Participants needed the solid foundation of secure connection to their therapists and initial realignment towards God before they were ready to begin the tumultuous journey of addressing the inconsistencies between their beliefs and their lived experiences. Given the unknown territory of deconstruction, participants took comfort in knowing that they were with an expert navigator. This expertise consisted of the ability to facilitate a dialogical space that helped guide participants to their chosen destination. As such, therapists assumed an “in front” way of being, one that invited participants to bring their own expertise—their unique perspectives, strengths, and values—to the dialogical table with the aim of reconstructing more helpful meanings. Given that the deconstruction/reconstruction process constituted the bulk of the working stage of therapy, participants cycled through several iterations with each one reducing dissonance between their r/s beliefs and lived experience resulting in more alignment towards God.

Important to their experience of this way of being was the participants' sense that the client-therapist relationship was collaborative. Participants were unaccustomed to interacting in interdependent relationships with an awareness that they were actively creating r/s truth together. This experience of co-creation not only helped participants to reconstruct more expansive r/s beliefs but also reminded participants that they could collaborate similarly with God. In other words, by collaborating with their therapists, participants were reminded that their relationship with God was also a dynamic partnership. As participants sought to partner with God to resolve their r/s struggles, their sense of connection to God increased as did their confidence in the deconstruction/reconstruction process. This finding echoes the most recent research that links collaborative religious coping, coping interactively with God and with others, to positive outcomes in the resolution of r/s struggles (Wilt et al., 2018).

Collaborative reconstruction led to empowerment. With more confidence in their ability to adjust, reaffirm, or transform r/s beliefs through dialogue with their therapists and God, participants began to risk re-engagement with their faith communities. Naturally, therapists moved into a "behind" way of being, one that celebrated and encouraged this forward progress. As champions, therapists began to fight for and support participants by reminding them of their competence to enact successful coping and navigate deconstruction/reconstruction outside of the therapeutic context. As therapists moved to a behind way of being, they created space for participants to move forward, engage in other relationships, and re-engage in faith communities all of which facilitated their reconnection process.

As the Figure 2 attempts to point out, the resolving process is progressive and not lineal. Given the intermingled nature of the r/s struggles, participants addressed them

simultaneously but in varying degrees. In other words, participants often focused on one type of r/s struggle but not to the neglect of the others. For example, resolving aspects of divine struggle required, in part, wrestling with doubts or examining doctrinal and theological beliefs, an intrapersonal focus. This observation is consonant with Keith's (2017) finding concerning the resolving process in which she discovered an interconnected nature between seeking and gaining new understanding and reconnecting to God.

A final word on the counselor's way of being in relation to this resolving process. Given that a way of being communicates how therapists are genuinely themselves and authentically with clients, they do not shed one way of being for another based upon where clients are in their resolving process. A way of being is about who the therapist is and not what the therapist does. As such, therapists in this study did not quit being companions when they became navigators in the deconstruction/reconstruction phase. The "alongside" support remained, but participants in this phase were more aware of their therapists being with them in an "in front" manner. Therapists encompassed participants throughout the therapeutic process by coming alongside, between, in front, and behind with the only difference being which type of presence the participants were more aware of in that moment. Perhaps these findings help to illuminate what some researchers have termed "extraordinary presence" and its connection to a strong therapeutic relationship (Hayes & Vinca, 2017). As this study unearthed, when surrounded by various expressions of supportive presence from their therapists, participants discovered a connected, collaborative, and empowering atmosphere that was conducive to the hard work of resolving r/s struggles.

## **Clinical Implications**

Given that becoming competent in the domain of religion and spirituality falls under the umbrella of multicultural competence embraced by those in the field of mental health (American Counseling Association, 2014), one of the major aims of this study is to equip therapists to walk alongside clients experiencing the distress of r/s struggles. To do so, this study specifically prioritized clients' voices, exploring what they found helpful in their therapeutic experiences. As such, their stories and insights have much to offer the counseling profession. To honor these contributions and to bring the discussion into the realm of the practical, I will elaborate on the clinical implications and make recommendations for helpers.

### **The Need for Competency in Domain of R/S**

Therapists must be prepared to address r/s struggles in the general population (Abu-Raiya, Pargament, Krause et al., 2015). As the current study makes evident, individuals do experience great distress due to r/s pain and seek out professional help to address it. In this case, participants chose counselors who advertised as Christian counselors in order to have some level of confidence in their therapists' ability to interact with, value, and understand their r/s beliefs. Of equal importance is who participants did not choose—a person within their faith community. As discussed previously, participants felt increasing shame over their inability to resolve their r/s struggles using strategies affirmed and prescribed by their faith communities. This r/s shame in conjunction with the perceptions many religiously conservative faith communities carry concerning mental health issues left participants feeling stigmatized.

Who participants chose to walk with them during their time of distress and why has implications for the mental health profession. Participants were looking for professionals

who practiced from a holistic perspective, one that valued both the spiritual and the psychological. This reinforces what research already revealed, that clients want to be able to discuss their r/s values and beliefs in a therapeutic context (Post & Wade, 2009). Therefore, whether practicing from a Christian perspective or not, therapists need to create a space where discussing r/s beliefs is not merely tolerated but welcomed. Given that clients may already feel stigmatized by their faith community for having r/s struggles, therapists need to avoid stigmatizing clients further by communicating either explicitly or implicitly that their r/s values, or different r/s values, are not welcome in the session. Said differently, clients may need permission from therapists to talk about r/s beliefs in order to alleviate any fears of being stigmatized by the therapist.

A couple of recommendations pertaining to these concerns could be helpful to practitioners. To communicate an accepting and welcoming stance, more than knowledge or skills, therapists need to explore their own attitude towards matters of religion and spirituality (Vieten, et al., 2016). Therapist need to be aware of the beliefs and biases they carry regarding these issues. Personal background, as well as assumptions about how r/s impacts psychological processes, are important areas of exploration for therapists. All of these factors influence how therapists interact with r/s clients and the importance they place on certain therapeutic goals. For example, as mentioned previously, many mental health workers do not see r/s as distinctive and therefore, may not be aware that a client's primary need is to reconnect with the divine. This lack of awareness could lead to therapists addressing the symptoms but not the wound itself. Had therapists in this study not attended to the distress of disconnection from God, one could question whether or not they had provided the highest level of care. As such, understanding how personal belief systems

influence one's therapeutic orientation and interactions with clients is essential to increasing competence in this area.

Like any other specialized area within the field, becoming competent in the domain of r/s takes time and effort. Of particular relevance to this discussion is the emphasis on preparedness and willingness to welcome, value, and address r/s struggles within the therapy room. By reading the most up-to-date research on the intersection of psychology and r/s, therapists can become more informed on how these important constructs influence their clients' presenting concern. In addition, to increase their overall competence in this domain, therapists can take advantage of the research-based trainings that experts in the area of psychology and religion are making available (Pearce, Pargament, Oxhandler, Vieten, & Wong, 2019). A broad knowledge base in conjunction with the self-awareness mentioned above can lay a foundation for therapists to interact with clients from a variety of r/s expressions (Vieten et al., 2016).

### **Assessing for R/S Struggle**

Therapists need to make assessment for r/s struggle a regular part of their intake process (Vieten et al., 2016). Regardless of presenting issues, individuals may have underlying distress due to incongruence between the r/s beliefs and their lived experience. Comprehensive psychosocial assessment might include inviting clients to speak to the influence of their r/s beliefs and values on their presenting concerns. Additionally, if clients express distress in this area, therapists need to identify the type or types of r/s struggle present. As the current study elucidated, individuals can experience multiple types of r/s struggle concurrently. Knowing the types of r/s struggle present will help therapists to

formulate goals with clients that may include working towards reconnection, reconstruction, and/or re-engagement per this study's findings.

Therapists need to assess throughout the therapeutic process as well. Given that resolving is an on-going process, therapists need to periodically check in and assess for how r/s struggles might be influencing current issues, goals, or recurring concerns. In addition, one of the key findings of this study highlights that some participants did not become aware of their r/s struggles until after they were able to enact helpful coping to reduce anxiety and depression. As such, practicing r/s competence in this domain would include assessing for r/s struggle after addressing presenting concerns and lowering initial distress.

### **Addressing R/S Struggle**

Findings from this study can help therapists understand the issues that need special attention at different points during the resolving process and suggest certain interventions. As mentioned above, at times the issues that bring clients in the door are related to distressful symptoms rather than an acknowledged r/s struggle. They may be aware of the presence of r/s struggles but may not identify them as their primary concern. Therefore, therapists need to attend to the presenting concern first and help clients increase their repertoire of coping in order to reduce the distress.

Once therapists are working directly on the issue of a particular r/s struggle, helping validate and normalize the clients' experiences become of paramount importance. With an alongside way of being, therapists may reference sacred texts, provide current examples of faith leaders who have struggled (i.e. Mother Theresa), or self-disclose a time when they struggled similarly. If therapists are unfamiliar with their clients' particular faith tradition, they can ask questions such as the following: "What examples can you think of from the

Bible (or other sacred text) where someone struggled with God or had doubts about what he/she believed? What heroes of the faith, past and present, can you recall that struggled with their beliefs? How might you find it helpful to identify yourself with these other strugglers from your faith tradition?"

Of particular note within this study was the therapists' use of self-disclosure to validate and normalize r/s struggles. Although researchers and practitioners have debated the benefit of self-disclosure for decades (Henretty, Currier, Berman, & Levitt, 2014), in the context of this study, therapists acknowledging that r/s struggle had been a part of their own spiritual life had a powerful impact on participants. Silence from the pulpit on matters of r/s struggle left participants believing that to wrestle with anger or doubts was sinful or a sign of failure. For their therapists to acknowledge that they too had struggled released participants from their isolating shame. Instead of feeling stigmatized and alone, participants reported feeling more understood, hopeful, and trusting of the therapeutic process. The responses of participants to therapist self-disclosure echoes the results of the most recent meta-analyses on the overall positive outcomes associated with this practice (Hill, Knox, & Pinto-Coelho, 2018). As such, therapists who have personal experience with r/s struggle may consider disclosing this information particularly when working with clients from more conservative religious backgrounds.

In the earlier phases of addressing r/s struggle, therapists need to pay attention to and attend to the meaning clients are making of their anger towards God. Many individuals aligned with conservative denominations believe that being angry at God is a sin (Exline, Kaplan, & Grubbs, 2012). Given the belief that God is always good and that God's plan is always right, many from this faith tradition do not know how to address or even name the

anguish they feel towards God. As such, clients may be hesitant to use words like anger to describe their distress towards God or may even attempt to dismiss any feelings they characterize as negative. In this situation, therapists may need to give clients permission to be angry either by normalizing this experience within their faith tradition, as mentioned above, or by inviting them through curiosity to explore the possibility: “Sometimes people get angry at God when things like this happen. I’m wondering if that is true of you.” As clients are able to name their distress towards God, providing space for them to voice their ambivalence about these emotions may help clients begin the deconstruction process. By giving permission to be angry and by not responding with judgment, therapists provide the type of supportive and normalizing responses that clients need to begin their journey towards re-engaging spiritually (Exline & Grubbs, 2011).

Acknowledgement that anger towards God is present and even morally acceptable is not sufficient to reduce overall distress (Yali, Glazer, & Exline, 2019). Interventions centered around voicing the anger are also necessary to help reduce the anger. In this study, therapists helped participants to identify and name their distress and then voice this anger to God using interventions like the God chair and expressive poetry. Using creative interventions such as these may be helpful to therapists as they facilitate interactions between clients and God. Other interventions similar to these might include the following: writing a letter to God, creating a personal lament psalm, creating a playlist of songs that reflect the anguish towards God, painting or drawing abstract representations of the distress, word clouds, and other expressive outlets. Future research could focus on identifying the types of interventions most effective in facilitating individual expression of anger towards God.

For therapists not well versed in Christian belief systems, or any other religious framework for that matter, walking with clients through the deconstruction/reconstruction phase might seem daunting. Although general reading in these areas can be helpful, the emphasis on the counselor's way of being in this study provides a different lens through which to interact with clients over r/s issues and struggles. Therapists do not need to have a depth of knowledge of doctrine or theological concepts to navigate the deconstruction/reconstruction process with clients. Rather, counselors are uniquely trained to create safe spaces to wrestle with unhelpful binaries, dissonance, and incongruencies regardless of the subject matter. Using their expertise of dialogical navigation, therapists can guide, facilitate, and prompt the necessary conversations that help clients explore ambivalence, identify assumptions, and recognize discrepancies. In other words, therapists create and facilitate the space, and clients bring the content. As such, therapists need not shy away from doctrinal/theological content and/or treat it differently than any other subject matter. The therapeutic work is to give clients permission to engage their r/s struggles and to reconstruct belief systems expansive enough to hold their lived experiences.

Furthermore, therapists could utilize and adapt existing frameworks in their work with clients with r/s struggles. For example, given that clients' goals are to reconcile with God, self, and others, forgiveness models could be of great use to therapists. In addition, therapists might consider consulting the interpersonal trauma literature as a guide to working with individuals experiencing divine struggles. As a therapist who specializes in couple's therapy, I noticed while conducting the interviews that participants' descriptions of their distress toward God resembled what I often heard when working with couples impacted by infidelity. Participants used language describing God as unfaithful, as betraying them on the

most intimate of levels. They spoke of losing trust in God, of fearing that this trust could not be rebuilt, and of needing for God to once again prove Godself trustworthy. In all of these expressions, I heard echoes of interpersonal trauma, leading me to wonder if this framework could be useful to therapists working with those experiencing divine struggles. Future research could investigate whether or not various frameworks such as these can be helpful guides to therapists and/or inform future interventions and programs.

### **Limitations of the Study**

Certain limitations are inherent in the research method I chose for this study. Hermeneutical phenomenology (HP) concerns itself with the detailed exploration of lived experience with the goal of constructing a possible interpretation of the nature of the experience (Smith et al., 2009). A collaboration between researcher and participant, this process results in a written text that reflects the co-constructed meaning of the phenomenon by highlighting thematic aspects of the experience. As such, I fully acknowledge that the findings are limited by my understanding, interpretation, and accounting of the participants' experiences. At all stages of the research process, I attempted to faithfully listen, interact with, and understand the participants' experiences, as my aim was to honor their voices and represent their experiences accurately. However, as a co-creator of meaning, I realize that the findings relied heavily on my interpretation of their interpretations. Since my own personal experiences and horizon shaped the meaning I made of their experiences, I am aware that another researcher may have discovered other themes and come to different conclusions. Given the number of interpretations possible, more research from a HP perspective would enrich and add breadth and depth to this study's findings.

Another limitation based on the qualitative nature of this study concerns the small sample size and the lack of generalizability of the findings. In accordance with HP research methods, I explored only four participants' stories of their experiences in therapy addressing r/s struggles. Although this sample was diverse in the sense of gender and ethnicity, all four participants identified as evangelical Christians. As such, the themes that emerged reflected this expression of Christianity in particular. While this homogeneity can provide insight into how this particular expression of Protestant Christianity resolves r/s struggles, one cannot assume that these insights translate to other denominational affinities or faith traditions. Said differently, how the participants in this study progressed in their resolving process might not be reflective of how others from differing traditions might do so. Doctrinal and theological differences within various branches of Protestantism could have differing impacts on growth pathways and the resolving process. Future research could examine these differences to provide further insight for counselors in how to navigate the deconstruction/reconstruction process.

In addition, given this study's emphasis on the counselor's way of being and the experience of the therapeutic relationship, the fact that three of the participants identified as White southerners limits the generalization of the findings. Sociocultural factors influence how people experience relationship and thus impact how they would define and describe "witness." For example, participants in this study described their therapists' alongside way of being as very personable and casual, much like a friendship. While this way of being may communicate support and empathy to an individual from Texas, this same "witness" may express incompetence or disrespect to a person from a different cultural/regional background. As such, future research could explore how individuals with different ethnicities,

genders/gender identities, sexual orientations, or faith backgrounds experience “witness” and how this way of being either contributes to growth or decline in the midst of r/s struggles.

Not only is the sample size small, but also the interviews reflect interactions with only two therapists. These therapists do not represent those who practice in a variety of different settings, especially counselors working in government agencies, community mental health clinics, and other non-religiously affiliated organizations. Had my study included participants who saw different therapists, I may have seen different themes or learned of other strategies and interventions that were helpful in their resolving process. Future studies could examine the experiences of individuals in therapy from a wide array of therapeutic contexts in order to identify the most pertinent themes and effective interventions.

Finally, the findings are limited because the sample only included participants who reported growth trajectories in their resolving process. All four participants had been in therapy for over a year and expressed enthusiasm in participating in the study due to their positive experiences. As such, they provided only favorable reports of their therapists and of the therapeutic relationship. Absent from the study were individuals who either experienced no growth or who experienced decline as a result of addressing their r/s struggles within a therapeutic context. To expand on how the person of the counselor and the experience of the therapy relationship influences pathways, future qualitative research needs to include the voices of those who have not found therapy helpful to their resolving process.

### **Conclusion**

Given what we know from common factors research, therapeutic factors accounts for only around 14% of client change (Duncan, 2014). If this statistic is accurate, we as

therapists must focus on our greatest predictor of change, the therapeutic relationship, making how we are “with” clients of primary concern. Through the generous sharing of their experiences in therapy, the participants—Beth, Cate, Luke, and Juan—provided for us a rich description of what it means to be “with” those who are struggling spiritually. To be with clients is to come alongside them, to witness their pain as fellow human beings. To be with clients is to stand between and bridge divine gaps. To be with clients is to stand in front and navigate the tumultuous waters of deconstruction/reconstruction. To be with clients is to stand behind and champion their cause as they move forward in confidence and strength. When we are with clients in these ways, we help create an environment of connection that makes reconstruction and re-engagement possible.

## Appendix A

### Participant Recruitment Email

Dear Potential Participant,

My name is Mentanna Campbell, and I am doctoral candidate in Counseling and Counselor Education at Texas Christian University (TCU). You are receiving this email because your counselor has identified you as someone who would potentially be a good fit for my dissertation research. I am very interested in understanding how counseling helps people to resolve religious and spiritual struggles (r/s struggles). I appreciate you taking time to consider if you meet the following criteria and would like to give of your time to participate.

I am looking for participants who meet the following criteria: (a) are at least 18 years of age, (b) have sought counseling within the last year or currently are in counseling, (c) have experienced a difficulty that has led to conflict, confusion, or doubts regarding their religious or spiritual beliefs, connection to God and/or relationship to a religious community, and (d) have discussed these conflicts, confusions, or doubts (r/s struggles) with a therapist.

If you meet the above criteria and are interested in talking about your experiences, then I would ask you to complete the attached assessment and return it to me via email. This assessment is a preliminary step to evaluate whether or not you qualify for the study. If you do, I would like to set up a phone interview with you to give you more information and answer any questions you may have.

Upon acceptance to the study, your participation would include 3 face-to-face interviews that would last 45-60 minutes each. To show my appreciation for your time and valuable contribution, I will pay you \$15 per interview to be collected after the final interview. I want you to know that should you decide to participate I will take great care to protect your confidentiality and will be happy to discuss any concerns you might have.

I would love the opportunity to work with you. If you are not able to participate at this time, I would appreciate knowing that as well so that I can offer this opportunity to another participant.

Thank you for taking the time to consider this exciting opportunity.

Mentanna Campbell, MA, MDiv, LPC  
Doctoral Candidate in Counseling and Counselor Education  
College of Education, Texas Christian University

## Appendix B

### Religious and Spiritual Struggles Scale (RSS)

<b>Within the past year, to what extent have you struggled with each of the following?</b>					
	Not At All / Does Not Apply (N/A)	A Little Bit	Somewhat	Quite a Bit	A Great Deal
A. felt guilty for not living up to my moral standards					
B. felt angry at God					
C. had concerns about whether there is any ultimate purpose to life or existence					
D. felt hurt, mistreated, or offended by religious/ spiritual people					
E. struggled to figure out what I really believe about religion/spirituality					
F. felt attacked by the devil or by evil spirits					
G. questioned whether life really matters					
H. felt torn between what I wanted and what I knew was morally right					
I. questioned God's love for me					
J. had conflicts with other people about religious/spiritual matters					
K. felt as though the devil (or an evil spirit) was trying to turn me away from what was good					
L. felt as though my life had no deeper meaning					
M. felt angry at organized religion					
N. worried that my actions were morally or spiritually wrong					
O. felt confused about my religious/spiritual beliefs					
P. felt as though God was punishing me					
Q. felt rejected or misunderstood by religious/spiritual people					

R. worried that the problems I was facing were the work of the devil or evil spirits					
	Not At All / Does Not Apply (N/A)	A Little Bit	Somewhat	Quite a Bit	A Great Deal
S. felt as though God had abandoned me					
T. worried about whether my beliefs about religion/spirituality were correct					
U. wrestled with attempts to follow my moral principles					
V. questioned whether my life will really make any difference in the world					
W. felt as though God had let me down					
X. felt troubled by doubts or questions about religion or spirituality					
Y. felt tormented by the devil or evil spirits					
Z. felt as though others were looking down on me because of my religious/spiritual beliefs					

Exline, J. J., Pargament, K. I., Grubbs, J. B., & Yali, A. (2014). The religious and spiritual struggles scale: Development and initial validation. *Psychology of Religion and Spirituality*, 6(3), 208-222. doi: 10.1037/a0036465



## Appendix C

### Consent to Participate in Research Form Texas Christian University Fort Worth, Texas

## CONSENT TO PARTICIPATE IN RESEARCH

**Title of Research:** Client Experiences in Counseling and the Resolution of Religious and Spiritual Struggles

**Funding Agency/Sponsor:** N/A

**Study Investigators:** Becky Taylor, Ph.D./Mentanna Campbell, M.A.

### **What is the purpose of the research?**

The purpose of this research project is to understand how counseling helps clients to resolve religious and spiritual struggles. By hearing from clients and learning about their experiences in counseling, therapists can better understand how to work with clients experiencing these particular types of struggles. Findings from the study could shed light on how the therapeutic relationship and the person of the counselor either helps or hinders a client's path towards either growth or decline in the midst of these struggles.

### **How many people will participate in this study?**

Four to six participants will participate in this study.

### **What is my involvement for participating in this study?**

Involvement in the study would require the following actions on your part:

- Signing this form and returning it to the student researcher at the first interview
- Completing the Religious and Spiritual Struggles Assessment
- Setting up a time to conduct a telephone interview to confirm that you meet eligibility requirements
- Meeting face-to-face on three separate occasions at an agreed upon site to conduct 3 different interviews.

Please be aware that your responses to the Religious and Spiritual Struggles Assessment as well as the notes the student researcher takes during the telephone interview will constitute a portion of the data that the student researcher will use in data analysis.

### **How long am I expected to be in this study for and how much of my time is required?**

The assessment will take approximately 10 minutes to complete, and the telephone interview will take about 15 minutes of your time. Each interview will last 45-60 minutes. The student researcher will conduct the three interviews over a period of three months. Times and locations for the interviews will be decided and based upon your convenience.

**What are the risks of participating in this study and how will they be minimized?**

Discussing stressful events that have brought on questions, doubts, or confusion concerning your relationship to God or to a religious community could be difficult. If at any time the student researcher asks you a question that creates too much anxiety, you have the complete freedom not to respond. You may stop the interview, reschedule for a different time, or even withdraw completely from the study. In addition, if the subject matter triggers distress to the extent that you would like to see your therapist or be referred to a new therapist, the student researcher will have contact information available to you.

**What are the benefits for participating in this study?**

Participation in this research could benefit you in several ways. Revisiting your healing and growth process often reinforces your progress. Remembering this journey can be a source of encouragement and hope. In addition, your participation may help counselors learn how they can better prepare themselves to walk alongside others who are experiencing similar struggles. Counselors benefit when they hear directly from clients about interactions, conversations, techniques, and experiences that help clients change.

**Will I be compensated for participating in this study?**

You will be compensated \$15 per interview to be collected after the third interview. Completion of the study is a requirement to receive this monetary compensation.

**What is an alternate procedure(s) that I can choose instead of participating in this study?**

You may choose not to participate in this study.

**How will my confidentiality be protected?**

You will be assigned a pseudonym upon agreement to participate. Only your pseudonym will appear when referring to information or artifacts you have provided to me. In addition, any identifying information that you provide such as city, family members, friends, counseling site, and the name of your counselor will be changed.

All the information gathered in connection with the study, including but not limited to consent forms, media releases, researcher notes, and data (interview transcripts and any artifacts you may provide) will be stored for at least three years following the completion of the study in a locked cabinet located in the primary investigator's office. All digital data is safely locked on the student researcher's computer with a double password protection feature of which the student researcher alone has the passwords. Digital recordings of the interviews will be destroyed after transcription. After three years, any and all data, both electronic and paper formats will be destroyed.

**Is my participation voluntary?**

Yes, your participation in the study is voluntary. You may choose to withdraw from the study at any time before the data analysis occurs, meaning 24 hours after the conclusion of the third interview.

**Can I stop taking part in this research?**

Yes, you may stop participation in the research before data analysis occurs. Please notify the student researcher of your intention to withdraw within 24 hours of completing the third interview.

**What are the procedures for withdrawal?**

You may withdraw by telling the student researcher that you no longer wish to participate either in email or on the phone. You can contact the student researcher at [m.g.campbell@tcu.edu](mailto:m.g.campbell@tcu.edu) and/or 817-229-8809. Additionally, you may withdraw by contacting Becky Taylor, Ph.D., at [e.taylor@tcu.edu](mailto:e.taylor@tcu.edu) and/or 817-257-6768.

**Will I be given a copy of the consent document to keep?**

Yes, I will give you a copy to keep for your records.

**Who should I contact if I have questions regarding the study?**

You may contact the student researcher, Mentanna Campbell ([m.g.campbell@tcu.edu](mailto:m.g.campbell@tcu.edu) and/or 817-229-8809) or Becky Taylor ([e.taylor@tcu.edu](mailto:e.taylor@tcu.edu) and/or 817-257-7466).

**Who should I contact if I have concerns regarding my rights as a study participant?**

Dr. Cathy R. Cox, Chair, TCU Institutional Review Board, (817) 257-6418, [c.cox@tcu.edu](mailto:c.cox@tcu.edu).  
Dr. Tim Barth, TCU Research Integrity Office, Telephone 817-257-7104.

Your signature below indicates that you have read or been read the information provided above, you have received answers to all of your questions and have been told who to call if you have any more questions, you have freely decided to participate in this research, and you understand that you are not giving up any of your legal rights.

**Participant Name (please print):**

\_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Investigator Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Investigator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Appendix D**  
**Demographic Form**

Pseudonym \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Religious Affiliation (if any): \_\_\_\_\_

When would you say that your r/s struggle began?

\_\_\_\_\_

Are you currently in counseling? \_\_\_\_\_

Length of time in counseling: \_\_\_\_\_

## Appendix E

### Initial Interview Protocol

Focus of interview:

- To understand the nature of participant's r/s struggle
- To understand the role of counseling in participant's pathway

Prompts:

- Tell me the story of your r/s struggle.
  - What has it been like for you to struggle in this way?
  - How would you describe the condition of your r/s struggle right now?
    - Resolved, in process of resolving, or no end in sight?
    - What does resolution mean to you? How will you know when it is resolved?
- How and when did you decide to seek counseling for this struggle?
  - What was it like to talk about your struggle with the counselor?
  - Give me an example of a time when your r/s struggle came up in a session
    - How would you describe your counselor in that moment?
    - How would you describe your relationship to your counselor in that moment?
    - What type of relationship did it resemble most in that moment?
    - Describe that experience from the outside and the inside.
    - What did your counselor say or do that was either helpful or not?
    - What did you experience on the inside: feelings, mood, emotions?
    - Is there another experience that comes to mind as you tell me about this one? Tell me about it...

Invitation to create artifacts between interviews: journals, photos, artistic expressions

## Appendix F

### Interview 2 Protocol

#### Focus of interview:

- To member check emerging interpretations from 1<sup>st</sup> interview
- To understand participant's lived experience of counseling relationship
- To understand participant's lived experience of the counselor's way of being

#### Artifact and Emerging Interpretation Questions:

- Did you create any artifacts that you would like to share since our last interview?
- Since our last interview, what additional thoughts, reflections, or experiences would you like to share?
- These are some of the themes I have noticed since our first interview....I would like your feedback....

#### Prompts:

- How would you describe your relationship with your counselor?
  - How is it similar to or different from other relationships?
  - What relationship does it most resemble?
  - Are there images, symbols, and metaphors that help describe this relationship?
- Tell me about a significant moment you experienced with your counselor during one of your sessions.
  - How did you feel about your counselor in that moment? How do you think your counselor felt about you?
- What has your counselor said or done that has helped you see your r/s struggles in a different light?
  - What was this like for you?
- What attributes would you use to describe your counselor?
  - What does your counselor say or do that gives evidence that he or she is this kind of person?

Invitation to create artifacts between interviews: journals, photos, artistic expressions

## Appendix G

### Interview 3 Protocol

#### Focus of interview:

- To ask final questions, make clarification, explore deeper meaning on most relevant themes
- To member check and collaborate on master themes

#### Artifact and Emerging Thoughts Questions:

- Did you create any artifacts that you would like to share since our last interview?
- Since our last interview, have you had any additional thoughts or experiences you would like to share?
- Final questions....

#### Member Check Questions:

- These are some of the themes that I noticed emerging in your interviews. Tell me if this expresses well your experiences.
  - What would you change?
  - What did I miss?
  - What would you add?
- These are some themes I'm noticing across all my interviews. I'm curious if certain ones of these represent your experience more than others.
  - Say more...
- What haven't I asked you about that you think might be helpful to me as I continue to represent your experience?

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## ABSTRACT

# CLIENTS' EXPERIENCE OF THE THERAPEUTIC RELATIONSHIP AND A COUNSELOR'S WAY OF BEING ON THE RESOLUTION OF RELIGIOUS AND SPIRITUAL STRUGGLES: A HERMENEUTICAL PHENOMENOLOGICAL STUDY

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Unaddressed religious and spiritual struggle (r/s struggle) can lead to poor mental and physical health, making identifying the pathways individuals take towards growth of great importance (Exline, 2013). To date, research has not illuminated how counseling influences these growth pathways. In an effort to address this gap, this hermeneutical phenomenological study explored the lived experiences of four individuals who sought counseling to address their r/s struggles, focusing on how the therapeutic relationship and the counselor's way of being influenced growth pathways, as these therapeutic factors are most predictive of positive outcome (Fife et al., 2014). Findings reveal that the person of the therapist, their way of being "with" the participants—as companion, navigator, and champion—created a therapeutic environment that allowed participants to reconnect with God, reconstruct more helpful belief systems, and re-engage in faith practices and

communities. The researcher highlights these growth pathways and elaborates on clinical implications.